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ABSTRACT

This is the fourth edition of the Clinic Manual for the Dental Hygiene Program at Eugenio Maria de Hostos Community College in the Bronx (New York). It contains general information, grading procedures, performance guides, and clinical forms related to the program. Section 1 provides an introduction to clinic philosophy, policies, goals and objectives regarding services for individuals with disabilities, attendance, professionalism, supplies, sequence of procedures, student and instructor conduct, emergencies, and Spanish language guides. Section 2 reviews grading criteria for the following procedures: (1) medical/dental history; (2) vital signs; (3) extra/intra oral examination/occlusion; (4) hard tissue charting; (5) periodontal charting; (6) gingival assessment; (7) nutritional counseling; (8) patient education; (9) scaling and/or polishing; (10) laceration; (11) treatment plan; (12) pit and fissure sealants; (13) phase-contrast microscopy; (14) radiographic evaluation; (15) topical fluoride application; and (16) patient hygiene performance. Section 3 guides the performance of various clinical procedures, including scheduling, records, medical clearance, vital signs, special medical conditions, oral examination, classification, use of equipment, and patient education. The final section includes clinic forms for patients regarding their assessment, records, medical history update, clearance, requests, evaluations, education, release, treatment plans, and referrals. (AS)

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Eugenio María de Hostos Community College
500 Grand Concourse
Bronx, N.Y. 10451

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Eugenio María de Hostos Community College

DENTAL HYGIENE PROGRAM

Clinic Manual

Fourth Edition
Fall 1997

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Cama **Errico** **Pastoriza**

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DENTAL HYGIENE PROGRAM

Clinic Manual

Fourth Edition
Fall 1997

By:

Dr. Mary Errico
Supervising Dentist

Professor Christine Cama
Coordinator Freshmen Clinic

Dr. Alida Pastoriza Maldonado
Coordinator Senior Clinic

PRODUCTION ASSISTANT: MS. JOY PEREZ

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- The adult initial assessment pack contains the following forms:
  1. Medical History/Vital Signs Form
  2. Patient Consent Form
  3. Dental History Form
  4. Extraoral & Intraoral Examination/Occlusion Form
- Spanish Adult Initial Assessment Pack
- Child's Initial Assessment Pack
- Recall Patient Medical History Update Form
- Patient Medical Clearance Form
- Student Medical Clearance Form
- Pre-medication Record Form
- PDR Search Form
- Local Anesthetic Assessment Form
- Patient Request for Radiographs
- Radiographic Evaluation Forms, includes:
- Panoramic Evaluation Form
- Bisecting Technique Evaluation Form

- Paralleling Technique Evaluation Form
- Mandibular Occlusal Evaluation Form
- Maxillary Occlusal Evaluation Form
- Forwarding of Radiographs Form
- Cover letter for Released Radiographs
- Charting Symbols Form
- Hard Tissue Charting Form
- Gingival Assessment Form (Den 5310)
- Gingival Assessment Form (Den5212/14)
- Calculus Detection Form
- Periodontal Probing Form
- Periodontal Case Evaluation Form
- Microanalysis Form
- Nutrition Education Forms
- Treatment Plan Form
- Student's Clinical Risk Behavior Form
- Incident Record Form
- Emergency Report Form
- Patient Release Form
- Grading Form (Den 5310)
- Scaling and Polishing Report Form (Den5310)
- Grading Sheet & Scaling Report Form (Den5312/4)
- KUDOS Form (Den 5314)
- Evaluation of Student's Clinical Skills Form (Den 5312/14)
- Professional Behavior Log (Den5312/14)
- Daily Clinic Log Form
- Clinical Assignment Sheet
- Confirmation of Dental Hygiene Visit Form
- Patient Referral Form

SECTION I:
General Information

Clinic Philosophy

The philosophy of the clinical component of the Dental Hygiene Program is to provide skills essential to beginning the practice of dental hygiene. The fundamental principles of dental hygiene practice incorporates theoretical concepts and their sequential clinical application. This allows the student to provide oral health care utilizing optimum knowledge, judgment and ability in a supervised clinical setting. The clinical program adheres to current infection control standards.

Clinical Teaching Philosophy

The clinical teaching philosophy provides guided instruction with informational feedback. It is specific about the outcome of the learner of their performance results. It is specific about the outcome of the performance and what can be done to correct any errors.

The faculty initially provides all the necessary information to be learned and gradually provides less of that information as the student progresses, and determines the need for information themselves.

Patient Care Philosophy

It is the intent of our training to foster patient-centered treatment based upon an ethical decision-making process.

Treatment considerations are dictated by the oral-health needs of patients rather than by a strictly maintained predetermined set of procedural requirements.

Policy on Service for Individuals with Disabilities

The Dental Hygiene unit abides by the New York State Practice Act, Article 133, Section 6600 of the Education Law, which prohibits discrimination against handicapped patients (AIDS & HIV POSITIVE).

Discriminating Against Handicapped patients (AIDS & HIV POSITIVE).

In July of 1990 the President signed the Americans with Disability Act (ADA). It declared health providers' offices as "places of public accommodation." This change in the status of a dentist's private office has wide-ranging effects. It clearly indicates that a dentist who refuses to provide dental services to any person declared disable, such as a person suffering from AIDS, or HIV-POSITIVE, solely as a result of the disability, is in violation of the law, and subject to severe penalties. There are 900 conditions listed by the federal government as disabling. Disabled persons must be afforded treatment identical to all other persons. This section of the law takes effect January 1, 1992.

The law also affects employment and physical facilities in places of public accommodation. In effect, the law subjects the private dental office to the jurisdiction of the Attorney General, and on a local level to the Human Rights Commission.

Hostos Community College
Dental Hygiene Unit

GOAL: Apply previous didactic and clinic learning experiences while providing comprehensive dental hygiene services.

CLINIC PERFORMANCE OBJECTIVES:

1. Demonstrate universal infection control measures.

2. Demonstrate basic maintenance procedures to improve longevity, cleanliness and satisfactory appearance of clinic equipment.

3. Demonstrate professionalism in communications, interpersonal relations, behavior judgments and problem solving with patients, fellow classmates, faculty and staff.

4. Identify specific conditions and/or responses that indicate the need for medical clearance and/or referral.

5. Effectively prevent and/or manage medical and dental emergencies.

6. Demonstrate acceptable techniques for performing all clinical dental hygiene assessments as a basis for comprehensive individualized treatment planning and treatment.

General Rules

1. Students are permitted to begin treatment on a patient when indicated by the supervising dentist or dental hygienist.
2. Students are not permitted to enter the oral cavity of a patient unless the patient has been checked in by an instructor.
3. Students are permitted to leave the clinic during a clinic session after notifying the supervising instructor and signing the "sign-out" sheet.
4. Patients and procedures are to be evaluated by the faculty only within the clinical time period.
5. Any and all incidents of misconduct and unprofessional behavior will be documented by an instructor and placed in the student file.
6. Patients requiring a medical clearance will be treated only after returning with a medical clearance approved and signed by a physician.
7. Students are not permitted to treat a patient who is considered a minor (under 8 years of age) unless a parental consent form is completed and a guardian/parent is present.
8. Universal precautions are required during all patient treatment to include clinic attire and equipment.
9. Clinical attire is not to be worn beyond the clinical facility.
10. All students must alert an instructor to any positive indication found on a medical history.
11. Students are not permitted to release radiographs directly to the patients. Radiographs will be forwarded to the patient's dentist, after the patient completes a signed request form.
12. Students are not permitted to enter the clinic unless scheduled for clinic or after receiving the supervising instructors' permission.
13. Any student violating any of the known rules and procedures of clinic will be subject to disciplinary proceedings.
14. Clinical concerns are to be addressed to the appropriate clinic coordinator.
15. All students are personally responsible for recording and updating the patient's record.
16. All students are responsible for insuring that patients are scheduled during their clinic time.
17. Students are responsible for utilizing their clinic time effectively during patient delays and cancellations.
18. Food, beverages, and smoking are not permitted in the dental clinical facility.
19. Students are not permitted to switch clinic session with another student unless authorized by the appropriate clinic coordinator.
20. All patient and student records are to remain in the clinic at all times.
21. Students will implement the established/posted emergency protocol.
22. Students will prepare necessary referral/recall visit for each patient treated.

CLINICAL APPEARANCE

As a health professional the dental hygiene student is responsible for maintaining a physical appearance which would contribute to an atmosphere of cleanliness and professionalism.

A. DRESS

1. Uniform: A fresh uniform must be worn each day. Proper under garments should compliment the uniform.

2. Shoes: Regulated white shoes with rubber soles, low heels (non-sneaker like must be worn). Shoes should be polished and clean at all times, laces clean also.

3. Hose: White hose is permitted. It should be clean and free of runs. Heavy white athletic socks and colored socks are prohibited.

B. APPEARANCE

1. Hair: Clean and off the collar, out of face and eyes. Neat, subdued style.

2. Make-up: Use in moderation. Heavy eye shadows and excessive lip sticks are not permitted.

3. Jewelry: Plain watch and one pair of small post-type earrings are permitted. No other visible body jewelry permitted.

4. Hands: Nail polish is not permitted. Nails must be shorter than finger tips. Nails and cuticles should be well manicured, clean and smooth.

C. HYGIENE

Personal hygiene is of vital importance when working in close physical relation to others. Students should consider the following: teeth, breath, perspiration and body odor (no strong perfumes permitted).

D. GENERAL

1. Name tag must be worn.
2. Regulation protective glasses/face shield mask and gloves must be worn
3. No chewing gum.
4. Keep everything out of pockets.

Dress and appearance have been described so that you will assume responsibility for meeting these standards as a professional. Any student entering the clinic during a time other than their designated clinic session must wear a white lab coat along with white shoes and neat professional attire.

ATTENDANCE AND LATENESS

1. Students are expected to be on time and present for all clinic sessions.

2. Procedure for absence:

    a. Notify patient and arrange new appointment.
    b. Notify the dental clinic and speak with the supervising instructor.

CLINIC TIME USAGE/ LEAVING THE CLINIC

Students are required to utilize clinic time. If a cancellation should arise the student should check with the supervising faculty and see if they can be of any assistance.

Students are not permitted to leave the clinic or sit and chat with fellow classmates when not treating a patient.

Time should be utilized in doing some scholastic related work or perhaps assisting fellow classmates or instructor.

In order to leave the clinic, every student should sign the "sign-out" sheet and indicate the time they left. Every student must also inform the supervising instructors of his/her departure from the clinic.

PROFESSIONALISM

It is very important that each student maintain a professional attitude and display proper conduct in clinic.

A professional maintains herself/himself under all conditions.
Be it:

- A disagreement with an instructor
- An unruly patient
- A day with no patients
- A discrepancy over appointment time
- Having to wait for a check out
- A leaking unit
- An emergency
- A stressful situation

Everyone has good days and off days and it is important that we realize that we are all working together.

It is expected that a student show respect toward his fellow classmates, patients and instructors.

If a disagreement should arise, it should be settled outside of the clinic when both parties are composed and able to think, and discuss things rationally.

A student will be subjected to college/departmental disciplinary proceedings for the following conditions:

1. Mistreatment of a patient
2. Failure to follow instructions of a professor
3. Improper conduct in clinic
4. Lack of respect towards an instructor
5. When the behavior of the student is a menace to others

STUDENT CONDUCT FILES

Each instructor has the responsibility of documenting incidents regarding student misbehavior in the clinic. Any behavior write-ups on a student may be placed in a file with the student's name on it. All subsequent incidents should be written up along with a copy placed in the students conduct file.

It is imperative that these incidents are documented.

USE OF SUPPLIES

All supplies must be dispensed judiciously. Since the clinic is set up on a specific budget we must ask your cooperation in using foresight with amount of supplies used.

THE CLINIC TELEPHONE

The clinic telephone, both at reception desk and in back of clinic are to be used for clinic related matters only.

- patient related matters
- clinic maintenance/security matters
- emergency matters

SEQUENCE OF CLINIC PROCEDURES

Comprehensive dental hygiene clinical services are performed based upon the individual needs of the patient.

1. Patient must be checked-in by clinical instructor.

   Pre-requisites for #1

   a. Completion of acquaintance form (consent signed and dated).
   b. Health and dental histories recorded and assessed.
   c. All vital signs taken and recorded (Blood Pressure cuff on patients' arms for clinical instructor).

2. Treatment Plan (Prior to any scaling)

   Pre-requisites for #2 (Collection of data)

   a. Extra/Intra-Oral inspection
   b. Calculus detection
   c. Periodontal probing
   d. Dental charting
   e. Gingival assessment
   f. Phase microscopy
   g. PHP

3. Treatment Phase
   a. Patient education/oral hygiene instruction and nutritional counseling
   b. Scaling
   c. Polishing
   d. Fluoride treatment
   e. Pit and fissure sealants

4. Re-Assessment of Case
   a. Appropriate maintenance visit scheduled.

GENERAL CLINICAL GUIDELINES

I. Student Cooperation

a. Maintain a positive attitude at all times
b. Accept assigned responsibilities pleasantly
c. Appearance should be as stated in clinic manual
d. If you have a complaint, make it to the instructor

II. Oral Inspection, History, Charting

a. Record all abnormalities of the mouth.
b. Record pertinent information of observable facts about patient in general.
c. Print chart in BLACK ink NEATLY. Chart hard tissues in red and blue.
d. Use cotton rolls and air syringe to dry teeth for charting.

III. Check in Procedure

a. Notify instructor when you are ready. Use the "To Be Checked" sheet.
b. When instructor comes, readjust the chair, unit light and bracket tray.
c. Introduce the instructor to the patient. The instructor will check medical/dental history, vital signs and perform an intra-extra oral inspection prior to classifying the case.
d. Assist the instructor while he/she is evaluating your patient.

IV. Patient Education

a. Seat patient in upright position.
b. Patient education should be based on patient's assessed needs.
c. Use appropriate visual aids.

V. Scaling

a. Follow treatment plan
b. Maintain chain of asepsis and infection control measures throughout treatment .
c. Implement appropriate ergonomic principles.
d. Place light for optimum efficiency
e. Keep instruments sharp. Testing stick and sharpening stone must be kept on bracket tray.
f. Use instruments in proper sequence with correct fulcrum.

g. Appropriate use of air syringe.
h. Remove all deposits.
i. Exercise care in tissue management.

VI. Check Scaling & Selective Polishing Procedures

a. You may have your scaling checked anytime during the clinic session by signing the To Be Checked Form no later than 15 minutes before final check out time.

b. If you are waiting for an instructor to come, continue to work or review patient education.

c. Before you notify the instructor, check to see that your bracket tray is clean, instruments are in order and sharpened, and the patient's bib is clean. If necessary, change the bib during the prophylaxis.

d. When the instructor comes to check your scaling, re-introduce instructor to the patient, state the classification of case, and appointment number, and reason for the check. Have available The Scaling Report. Inform instructor if patient is sensitive to air.

e. The instructor will check every surface of every tooth and call out the areas missed so that you may record them on The Scaling Report Form . If you have missed areas, you re-scale and have the instructor re-check. For the re-check, you call off the areas to the instructor. If calculus is still present, circle the area. These circled areas have to be re-scaled and then re-checked by the instructor. Each arch is checked and graded separately.

f. The instructor will check the polishing with air and disclosing solution; areas missed will be called out. If areas are missed, they must be re-polished and re-checked before the patient is dismissed.

FUNCTIONS OF CLINIC INSTRUCTOR

1. Determine patients' suitability.
2. Provide student with a patient case evaluation based upon " Classification of Patient" criteria contained in this manual.
3. Observe students' techniques and provide process evaluation. Document entry in student's folder.
4. Evaluate treatment rendered and assign grade/grades based upon "Grading Of the Various Procedures" criteria contained in this manual.
5. Insure students involve the patient in all aspects of treatment.

EMERGENCY PROCEDURE IN THE DENTAL CLINIC

Medical Emergency

Medical Emergencies can occur during dental hygiene procedures. It is the student's and faculty responsibility to be prepared in the event of a medical emergency. Being prepared and knowing what to do in the event of an emergency can save a life.

Remaining calm and thinking clearly will be of great assistance when an emergency occurs. Always remember that **PREVENTION** of an emergency is the ultimate goal. Thorough **review of the patient's medical history** will avert potential emergencies. A review of the patient's medical history **and** patient's general profile **upon each and every visit** will keep the clinician and faculty aware of any changes or concerns that may be of a risk to an emergency.

Medical Emergencies that can occur:

1. Respiratory Failure
2. Airway Obstruction
3. Hyperventilation Syndrome
4. Hemorrhage
5. Syncope
6. Shock
7. Cardiovascular Disease
   - angina pectoris
   - myocardial infarction
   - heart failure
   - cardiac arrest
8. Stroke
9. Insulin Reaction
10. Diabetic Coma
11. Allergic Reaction
12. Epileptic Seizure
13. Dislocated Jaw
14. Instrument Fracture

EMERGENCY PROTOCOL

Hostos Community College Dental Hygiene Unit

1. **Code 1-2-3 Chair_____**. The clinician will alert faculty and staff as well as other students on the Emergency Team.

2. **Faculty and Emergency Team will immediately respond**.
   The supervising dentist will evaluate and instruct Team if 911 needs to be contacted. Security 6888 will be called and put on notice.

3. **Equipment-** The following will be brought chair-side**. Portable Oxygen Tank**-located in front of clinic, bottom of Emergency Magnetic Board. Student in charge of oxygen tank will await directives of supervising dentist.

4. **Emergency Cart**-located in-front of clinic, bottom of Emergency Magnetic Board. Student in charge of Cart will await directives of supervising dentist.

5. **Blood Pressure Device**-located in the back of clinic, will be brought chair-side and student in charge will assist supervising dentist in securing blood pressure cuff on patient.

6. **Traffic Controller**-student or staff will assure an open area in the clinic to assist emergency personnel in pursuit of treating patient.

7. **Emergency Report Form**- form to be completed and filed by supervising dentist. Form is located in metal wall file in the back of clinic.

Note: notation of the items used from the Emergency Cart should be placed on Emergency Cart Sheet, see attached to wall above site where Emergency Cart is kept. The accuracy of our record keeping will assure appropriate replenishment of items in a timely manner.

Hostos Community College
Dental Hygiene Unit
475 Grand Concourse
Bronx, New York 10451

Emergency Telephone Numbers and Other Information

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Telephone:	718-518-4230(34)
FAX	718-518-4294
Emergency Security	718-518-6888
Health Services	718-518-6541
Fire	911
Police	911
Poison Control Center	718-340-4494 or 718-764-7667
Hospital	Lincoln Hospital
General	718-579-5000
Dental	718- 579-5200 (adult) 718-579-5466 (pedo)
Hospital	Bronx Lebanon
General #	718-590-1800
Police station 44th precinct	718-402-2270
Radiation Control	718-643-7875
New York University Dental School	212-998-9800
Columbia Dental School	212-305-6725

Policy on Managing an Emergency in the Laboratory

Laboratory emergencies can occur during laboratory sessions that include the use of materials and equipment present in the laboratory. The prevention of emergency is emphasized by educating the students and faculty of the proper use of equipment with mandatory use of eyewear protection and other personal protective devices.

It is the student's and faculty responsibility to be prepared in the event of an emergency. Remaining calm and reviewing the emergency response with the emergency team is critical to the success of emergency procedures.

1. Code 1-2-3 is announced to alert emergency team and supervising faculty

2. Faculty and Emergency Team will immediately respond Supervising faculty will evaluate and instruct Team if 911 needs to be phoned. Security 6888 will be called and put on notice.

3. Equipment: Necessary equipment is utilized to treat emergency
    - fire blanket
    - eye wash
    - emergency cart material

4. Blood Pressure Device

5. Traffic Controller-student and staff will assure an open area in the clinic to assist emergency personnel.

6. Emergency Report Form-form to be completed and filed by supervising faculty

Basic Life Support Policy

All students, faculty and support staff who are involved in the direct provision of patient care must complete a recent training with certification prior to working in the dental hygiene clinic.

Upon completion, participants will have the knowledge and practical skills needed to evaluate, identify and respond to a variety of cardiac and respiratory emergencies. The course is designed to acquaint participants with common life-threatening situations, and to establish a practical and systematic method of treatment. Emphasis is placed on decision making and proper technique. The training course should include treatment of the adult, child and infant.

Presentation of a copy of current certification to supervising faculty is required prior to attending any clinical activities.

Protocol for Infection Control

Universal precautions are followed since reliable identification of infectious patients is not possible. Compliance with the outlined protocol governed by Occupational Safety and Health Administration and Centers for Disease Control and Prevention is monitored by supervising faculty.

Patient History

Upon admission to Hostos Dental Hygiene Clinic all patients complete a comprehensive medical /dental health history form including the monitoring of vital signs. The review of the medical /dental history followed by an initial extra/intra oral examination by supervising dental hygiene faculty, prior to initiation of treatment, acts as a screening device for possible delay of dental hygiene treatment due to a need for a definitive medical clearance.

Vaccination

New York State requires all incoming students to provide proof of immunization against measles, mumps and rubella. Hostos Dental Hygiene Program recommends that all incoming students be vaccinated for Hepatitis B.

Barrier Protection

A. Uniforms

Dental Care providers who include students, staff and faculty involved in direct patient care must wear clean, white, long sleeved three-quarter length uniforms. Uniforms are not to be worn outside dental hygiene clinic/laboratory. Uniforms are to be laundered daily. Disposable protective covers are available for wearing during procedures that cause splatter.

B. Mask/Eye Protection

Face masks and protective eye wear with solid side shields must be worn by providers whenever they perform intraoral and laboratory procedures. Mask and eye wear should be in place before provides wash their hands and don gloves, and they should not be removed until providers have cleaned their units and counters after completing patient care. Masks are then to be discarded with other infectious waste; eye wear should be washed with antimicrobial solution.

C. Gloves/Hand Washing

Dental care providers must wear gloves when they perform intraoral and laboratory procedures involving human materials and while they clean up after completing patient treatment. Before donning gloves, providers must wash their hands with antimicrobial soap. Hands must be washed before and after all patient treatment. Hand jewelry and watches should not be worn in clinic. Fingernails should be clean and filed short and smooth.

Gloves that rip or tear during patient treatment are to be removed and hands rewashed before regloving. While gloved, providers should not touch items in immediate area without placing overgloves over treatment gloves. Overgloves are used only in immediate treatment area for the use of pen for recording purposes. When the provider needs to get up from immediate treatment area, gloves are removed inside out and disposed of in infectious bag on side of bracket table and hands are immediately washed.

Clinic staff and students should wear overgloves when dispensing dental hygiene supplies and equipment.

Sharps

Needles and other sharp instruments must be always handled carefully and disposed of properly after use. All sharps are disposed of in a rigid infectious waste container. Individuals who accidentally stick or injure themselves with a soiled instrument or sharp must follow Percutaneous Exposure Protocol.

Sterilization and Disinfection

Instruments

All instruments used for patient care must be washed and sterilized after each patient treatment session.

After dismissing patients and while wearing utility gloves, masks and eye wear, providers should bring their instruments, placed in perforated plastic sterilization box, to sterilization area for cleaning and subsequent sorting for sterilization and disinfection. Ultrasonic cleaning is used in place of hand scrubbing to decrease the risk of puncture. Also during treatment providers immerse their working end of instruments in solution of hydrogen peroxide and water to reduce drying of blood on instrument. Instruments are rinsed thoroughly prior to being placed in autoclave package and labeled with steam sensitive indicators on the outside of each instrument pack.

Instruments are loaded into autoclave and exposed to sterilization cycle. Autoclaved packages of instruments should not be opened until patients are seated. To ensure that autoclaves are functioning properly biologic spore test are conducted on a weekly basis.

Dental Units and Chairs

After every patient-treatment session, clinicians are to clean and disinfect their area, including all counters, instrument trays, unit and light handles, chairs and cuspidors, with a cavicide spray available in all clinical areas. (see **Prior to Treatment)**

Handpieces & Air/Water Syringes

After each patient-treatment session, handpieces are to wiped with disinfectant for visible adherent material, and then sterilized in the statum unit. Water lines are to be flushed for two minutes at the start of the day and for 20-30 seconds after treating each patient. Disposable air/water syringe tips are to be discarded along with suction tip, between each patient.

Laboratory Materials

Impressions and other laboratory materials used intraorally are to be cleaned and disinfected before handling.

Radiographs

Barrier protection and surface disinfection policies for radiographs are similar to those governing intraoral procedures performed in other areas of dental hygiene clinic. Before seating patients, clinicians should cover control panels, exposure switches, arms and position-indicating holding devices for one patient. Clinicians should wash their hands and don gloves prior to radiographing patient.

Films should be exposed and wiped dry before processing. While still wearing gloves, clinician are to open films and drop them onto darkroom surface on a paper towel. Clinician should then dispose of x-ray covers in infectious waste receptacle, remove gloves, wash hands and process films.

Waste Disposal

At the end of treatment, all contaminated wastes, e.g., bracket table covers, saliva ejectors and gauze, are to be disposed of in proper infectious waste receptacle. These soiled contaminated wastes, as well as other contaminated waste, are to be discarded in the receptacles lined with red plastic bags, which distinguish infectious from non-infectious wastes. Evacuation systems are to be flushed after each clinic session with an enzymatic cleaner.

Miscellaneous

All Students, Faculty and Staff are instructed to have their hair neat and tied away from their face. Disposable head and uniform covers are available for use with aerosol producing procedures.

Percutaneous (needlestick or sharp instrument) Exposure with Contaminated Instrument Protocol

1. IMMEDIATELY clean wound with antimicrobial soap and water for at least 5 minutes, squeezing site under running water.

2. IMMEDIATELY report incident to:

   A. Supervising faculty in clinic who will verify that wound has been cleaned and ensure subsequent reporting is completed. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred is required.

   B. Health and Safety Officer
   - Mr. Eugene Hamond at extension 6746.
   - College Physician/Health Services Dr. Marcos Charles at extension 6542.
   - Coordinating Supervising Dentist, Dr. Mary Errico at extension 4229.

3. The client should be consulted, and his/her consent and cooperation requested in complying with blood testing procedures. The exposure recipient needs to consent to blood testing as well. Pretesting counseling is advised. The College Health Services is used for a confidential medical evaluation and follow-up.

4. The guidelines for specific infectious diseases are:

   A. Tetanus-If you have been immunized for tetanus within ten years, no further action is necessary. If not, take tetanus immunization.

   B. Hepatitis B

   - Identify source patient when possible; test patient for hepatitis B infectivity.

   - If the source patient is known or shown to be a hepatitis B carrier and you have received Hepatitis B immunization, confirm protective antibody titer. If adequate, no further action required. However, if you don't have an adequate antibody level, receive booster dose of vaccine plus HBIG. If you are a non responder, receive HBIG.

- If the source patient is unknown or is not a hepatitis B carrier, and you are shown to lack protective antibodies you should start the immunization series.

C. Hepatitis C

If patient is known to be a carrier for Hepatitis C, receive one dose of immune globulin (IG).

D. HIV

- You will be offered HIV antibody testing immediately to establish whether or not you are seronegative at the time of puncture wound and then (3) follow-up tests: 6 weeks, 12 weeks and 6 months after exposure. HIV testing will also be offered to the source patient in-house or if preferred outside of Hostos Community College. When deemed necessary, a referral for testing and counseling outside of Hostos Community College may be arranged. Decisions to test, and test results, will remain confidential between the individual and the counselor.

- The seeking of medical evaluation for any acute febrile illness occurring within 12 weeks of the accident.

- If, at the time of puncture wound, the patient under treatment is known to be HIV seropositive, you may elect to begin prophylactic Zidovudine (AZT) therapy. This therapy must be initiated immediately(preferably, within one hour) after exposure.

Infection Control Statement and Goals

The faculty and staff of Hostos Dental Hygiene Program are committed to providing maximum preventive measures as dictated by the Centers of Disease Control and Prevention (CDC) as well as to maintaining and enforcing current standards set forth by the Occupational Safety and Health Administration (OSHA), when treating all patients in the clinic facility. To this end several goals can be listed that highlight the aforementioned and further defines our commitment to optimum infection control.

Goals:

1. To evaluate new and improved technological controls designed to prevent cross contamination and injury and to incorporate controls when deemed effective.

2. To assure OSHA guidelines on blood borne pathogens, regulations and precautions have been provided to all involved with patient treatment whether it be in direct patient treatment or as support staff.

3. To continually review newly published infection control recommendations and or issues for possible incorporation into the clinical setting.

4. To enhance infection control awareness by distribution of revised or enhanced information to all faculty and staff through in-service training.

Asepsis, Infection and Hazard Control Protocol

Prior to treatment:
Upon entering the clinic, students will adhere to the following procedures:

1. All hand jewelry and watches are to be removed before washing hands. Lather and wash hands with antimicrobial soap and cold water. Air/water syringe lines are to be flushed for two minutes at the start of Monday a.m. clinic and at the end of all clinic sessions.

2. Wrap the following components of the dental unit and equipment:

   a. chair
   b. cuspidor area
   c. bracket table
   d. saliva ejector
   e. air/water syringe
   f. dental light switch
   g. stool lever
   h. writing instrument

3. Set-up for patient:

   a. collect the following disposable items to be used on patient:
      1. clinician gloves
      2. gauze
      3. patient bib
      4. disposable air/water syringe tip
      5. clinician mask
      6. patient cup
      7. bracket table cover
      8. sterilized instruments in perforated plastic case in sealed autoclave bag.

4. Collect patient chart and forms, seat patient, place disposable cup and saliva ejector. Obtain or review medical history, dental history, consent form. Take and record vital signs. Request faculty check in prior to start of dental hygiene treatment.

5. Patients having a medical history indicating patient medical compromise will be reviewed by the Supervising Dentist for a medical clearance prior to the initiation of dental hygiene treatment.

During Treatment:

1. If student leaves immediate treatment area, patient mouth, but stays within the working area, counter top to retrieve pen or write on a chart, overgloves are used. If the student needs to leave treatment area, get up from chair, gloves are removed (inside out) placed in disposable infectious waste bag on side of bracket table, and hands are washed.

2. Dropped instruments are pushed to side with foot and retrieved after patient is dismissed with use of utility gloves and properly processed in the sterilization area.

3. Replace gloves if punctured or hand sweating. Wash hands with antimicrobial soap before re-gloving.

4. Change gloves whenever aseptic chain is interrupted.

5. Remove gloves and wash hands prior to obtaining any materials.

6. Replace face mask when soiled or moist.

7. When using x-ray machine, wrap all areas that will be touched including activation button and x-ray machine head.

8. Upon completion of taking radiographs, remove wrap and dispose properly.

9. Operator uses disposable gown over uniform and head cap to protect from aerosols when using ultrasonic scaler and low speed hand-piece.

10. Supervising dentist or faculty member are to dispense, recap and dispose of sharps used for local anesthesia.

Post Dental Hygiene Treatment

1. Upon completion of dental hygiene visit the clinician removes gloves, inside out, places in disposable bag on bracket table, washes hands with antimicrobial soap and dismisses patient. Upon returning to dental unit, the clinician places clean utility gloves, face mask and eye protection on and dismantles unit by carefully placing soiled instruments in perforated sterilization box, followed by the delivery of these instruments to sterilization area for processing.

Returning to chair, the clinician begins to dismantle the wrapping of the chair by folding all soiled components into main chair wrap. Once all soiled wrapping are compiled and placed in infectious waste receptacle, the clinician returns to chair and continues the breakdown process. A Cavicide spray is applied to cuspidor and surrounding area as well as patient eyewear and bib chain. The flushing of suction lines with properly prepared solution for 20-30 seconds is completed after every clinic session. Students will remove utility gloves, face mask, and eye protection and wash their hands with antimicrobial soap.

INFECTION CONTROL

EXPOSURE CONTROL PLAN

TO PROTECT EMPLOYEES AND STUDENTS

EXPOSED TO BLOOD

OR OTHER POTENTIALLY INFECTIOUS MATERIALS

AT HOSTOS COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

Revision v.3.1 released by Health and Safety Office
on January 28, 1997
Reviewed/by H.C.C Dental Hygiene Faculty and Staff
Approved 2-97

EXPOSURE CONTROL PLAN

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General Statement

Hostos Community College is actively interested in providing a safe and healthful workplace for its employees and a safe and healthy learning environment for its students.

The College has a number of health career programs and a Health Service office. In these areas, employees and students may reasonably be expected to be exposed to bloodborne pathogens, including Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV), the virus that causes AIDS. Other employees may also be at some, though lower risk of exposure, including Public Safety officers, plumbers, and custodians. It is to protect employees and students, as well as to comply with the OSHA Standard "Occupational Exposure to Bloodborne Pathogens" -- 29CFR 1910.1030, that this written plan has been developed.

Although OSHA regulations apply to employees only, and not to students, this Exposure Control Plan applies in general to students as well as employees. Where it differs is in who is responsible for providing personal protective equipment and vaccinations. This is discussed in various sections, as well as in the Section entitled <u>Students</u> (page 7).

Exposure Determination

The Exposure Determination section lists titles in which employees have or may have exposure to blood and other potentially infectious materials, and tasks and procedures in which exposure occurs or may occur. The exposure determination is made without regard to the use of personal protective equipment.

Titles That May Be Exposed

Faculty and staff in Dental Hygiene, Medical Laboratory Technology, and Nursing, and the College Physician and Nurse may be exposed or exposed during their work or their training. Also subject to possible occupational exposure are Public Safety Officers and faculty and staff in Physical Education who are responsible for performing First Aid and cardiopulmonary resuscitation. The College plumber may also be exposed while working on toilets and lines. Although custodians do not handle red-bag (medical) waste, they may have to clean blood spills.

Tasks and Procedures in Which Exl2osure Occurs or May Occur

Dental Hygiene:

A. Faculty - Demonstration and instruction of students in

1. Scaling
2. Polishing
3. Use of Cavitron
4. Use of air polisher
5. Checking patients into and out of clinic
6. Handling waste
7. Handling sharps
8. Handling instruments for sterilization (Sr. Lab. Tech.)

B. College Assistant Who Works in Clinic as Housekeeper

1. Cleaning units
2. Handling waste
3. Handling instrument for sterilization
4. Sweeping

C. Students

1. Scaling
2. Use of rubber cups and brushes for polishing
3. Use of Cavitron
4. Use of air polisher
5. Fluoride application
6. Home care instruction
7. Decontamination of the unit
8. Cleaning waste traps of cuspidors

9. Handling sharps
10. Handling waste
11. Preparing instruments for sterilization
12. Suctioning oral fluids
13. Taking impressions

Medical Laboratory Technology:

1.College Lab Tech.	Preparation of MLT laboratory exercises -- involves handling of blood and blood components, urine, and sometimes other body fluids, preparation of plates, growth media, etc., using infectious agents, particularly microorganisms.
2.Faculty	Demonstrations and instructions using and involving as above listed for College Lab Tech.

Nursing:

Nursing faculty are involved whenever they are in the clinical setting (12 hours per week) in direct patient care. This involves patient contact and contact with bodily fluids. Any task in which they are involved risks their exposure.

Health Service:

1. College Physician	Venipuncture, first aid, incision and drainage of skin abscesses and infections.
2. College Nurse	First aid; treatment of abrasions, lacerations and wounds; finger sticks for determination of blood glucose; urinalysis.

Public Safety:

Public Safety –Officers	Usually first on the scene of incidents. CPR certified. Exposure likelihood uncertain but possible.

Physical Education:

College Laboratory Technicians and College Assistants
Responsible for First Aid Room.
Exposure not likely. (See Public Safety)

Facilities: Plumber — Unclogs and repairs toilets, sinks, and lines. May encounter sharps or infectious bodily fluids.

Custodial: — Clean women's bathrooms, encounters bloody materials in trash.

Exposure Determination Worksheet

Please list below 1. Job titles that are exposed or may be exposed to bloodborne pathogens or other infectious agents; 2. Activities, tasks, and procedures performed by those persons that may expose them to -bloodborne pathogens or other infectious agents.

Personnel Title	Activities and Procedures

Universal Precautions

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. This assumes that all blood and other potentially infectious body fluids encountered in a clinical situation may be infectious and should be handled in that manner.

Engineering and Work Practice Controls

Hand washing facilities, soap, and disposable towels are available in all areas. Employees are instructed and reminded to wash hands after each patient contact; and to wash arms and face, and to flush mucous membranes with water immediately following contact of these areas with blood or bodily fluid.

Contaminated gloves -are washed with soap and water before being removed, and hands are washed immediately afterward. These gloves are disposed of as regulated medical waste. Contaminated needles and other sharps are placed immediately in labeled or color-coded puncture resistant, leak-proof containers for disposal as regulated medical waste.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in all clinical and laboratory areas. Storage of food and drink is not allowed in these areas. Signs in clinical areas and laboratories are placed to reinforce these policies.

Mouth pipetting or mouth auctioning of blood or any other potentially infectious material is prohibited. Mechanical means for pipetting and auctioning are provided and used.

All procedures - involving blood or other potentially infectious materials are performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets.

Specimens of blood or other potentially infectious materials are placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. If outside contamination of the primary specimen container occurs, the primary container shall be placed into a secondary container that prevents puncture or leakage during handling, processing, storage, transport, or shipping.

Equipment that may become contaminated with blood or other potentially infectious material is examined and decontaminated as necessary before being serviced or shipped.

If decontamination of some equipment is not feasible, a conspicuous label is attached to the equipment stating which portions remain contaminated. In addition, this information is conveyed to service employees or the servicing company, or manufacturer, before shipping or servicing so that appropriate precautions may be taken.

Personal Protective Equipment

The College provides to the employees at no cost appropriate personal protective equipment such as gloves, gowns, lab coats, face shields, masks, goggles, mouthpieces and other ventilation devices. Appropriate equipment does not permit blood or' other potentially infectious materials to reach the employee's skin, eyes, mouth, or clothing under normal conditions of use.

The College will replace or repair personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

Employees are required. to wear appropriate protective equipment, except when, in rare and extraordinary circumstances, it is the employee's professional judgment that its use would prevent the delivery of health care or would increase the hazard to the worker or co-worker. All such instances will be investigated and documented to determine whether changes can be made to prevent such instances in the future.

Appropriate personal protective equipment is readily accessible in the workplace or is issued personally to employees. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives are readily available to employees who are allergic to the gloves normally provided.

If a garment is penetrated by blood or other potentially infectious materials, it is removed immediately- and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

The College will clean, launder, and dispose of personal protective equipment which is issued to employees.

All personal protective equipment is removed and placed into appropriate bags or containers before leaving the clinic or laboratory.

Gloves

Gloves are worn when it can be reasonably anticipated that the employee may have hand contact with blood or other infectious materials,' or with mucous membranes or non-intact skin, and when performing vascular access procedures; also when handling or touching contaminated items or surfaces.

Disposable single-use surgical or examination gloves are replaced when they are contaminated, or when they are torn, punctured, or otherwise unable to function as a barrier to exposure. They may not be washed and re-used.

Utility gloves may be decontaminated for re-use so long as the integrity of the glove is not compromised. Torn, cracked, peeling, puncture and otherwise deteriorated gloves are disposed of and replaced.

Masks. Eye Protection. and Face Shields

Masks and eye protection, or clear face shields, are worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials are generated, -and contamination of eyes, nose or mouth can be reasonably anticipated. Such a situation occurs frequently in dental hygiene cleaning and polishing procedures.

Housekeeping

General housekeeping activities necessary to maintain a clean and sanitary condition in covered clinics and laboratories is performed by the College Facilities Department.

Cleaning and decontamination of all equipment and environmental working surfaces after contact with blood or other potentially infectious materials are done by the department involved.

Contaminated work surfaces are decontaminated with an appropriate disinfectant upon completion of procedures, and immediately when any surfaces are overtly contaminated by spilled or splattered blood or other potentially infectious materials.

Regulated Medical Waste

Waste that , is contaminated with blood or other potentially infectious materials is treated separately from other waste; it is red-bagged and disposed of as regulated medical waste by a licensed contractor.

Contaminated sharps are discarded immediately in containers that are closeable, puncture resistant, leak proof on the sides and bottom, and labeled or color-coded as infectious waste.

Sharps containers are easily accessible to personnel and placed close to work areas; they are maintained upright; replaced routinely and not allowed to overfill; closed immediately before removal or replacement; and, placed into a secondary container if leakage is possible.

Broken glassware that may be contaminated is never picked up with the hands, but only with brush and dustpan or some other mechanical means.

Regulated medical waste is placed in labeled red bags inside labeled fiberboard boxes. The containers are supplied by the medical waste removal contractor. Containers are constructed to prevent leakage of fluids during handling, storage, and transport. They are closed, securely taped shut, and marked with the College name before being transported. At present, the taped boxes are stored for monthly pickup in the Dental Hygiene Department.

Disposal of regulated medical waste is by EPA-approved methods. Handling, storage, transport, and disposal are according to -applicable regulations of the United States, New York State,. and New York City. Information on the contract and the contractor is available in the Health and Safety Office.

Students

Over the past several years, students -in allied health programs have been strongly urged to be vaccinated against Hepatitis B before entering the clinical setting. Dental Hygiene, Nursing, and Medical Laboratory Technology departments offer students information on obtaining vaccinations at little or no cost through the New York City Department of Health.

Beginning in Fall semester, 1992, these departments changed this recommendation to a requirement that students receive the hepatitis B vaccination series, unless the student has previously completed the hepatitis B vaccination series, has been shown by antibody testing to be immune, or the vaccination is contraindicated for medical reasons.

Departments, in general, are not able to provide students with personal protective equipment. Students are required to furnish and clean their own laboratory coats and protective eyewear, and to provide 'their own gloves. Departments will endeavor to make available to students a convenient source of the necessary personal protective equipment (for instance, through the College bookstore).

Training for students regarding bloodborne pathogens is currently offered in a number of classes and lectures. It is expected that all incoming Allied Health students, beginning in the Fall of 1992, will have a training session similar to that given to employees (see section on Information and Training, p. 15)

Hepatitis B Vaccination

The College makes available at no cost the hepatitis B vaccination series to all employees who may have regular occupational exposure to blood-borne pathogens, and post-exposure evaluation and follow-up to all employees who have had an exposure incident. Follow-up may include medical consultation and preventive treatment, including immunoglobulin, and hepatitis B vaccination, as medically indicated.

Allied Health faculty and staff, Health Service employees, Custodial personnel, the College 'plumber, and Public Safety Officers are offered hepatitis B vaccination. Physical education faculty and staff are not offered preventive hepatitis B vaccinations because their risk of exposure is deemed very low.

Hepatitis B vaccination is administered by or under the supervision of a licensed physician. It is provided according to recommendations of the US. Public Health Service that are current at the time of vaccination.

Hepatitis B vaccination is made available after initial training has been received.

Hepatitis B vaccination is made available to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, has demonstrated antibody immunity, or unless vaccination is medically contraindicated.

Participation in a pre-screening program is not required for receiving hepatitis B vaccination. If an occupationally exposed employee initially decides to decline vaccination, that person may later decide to receive vaccination and will receive it.

An employee who declines to accept hepatitis B vaccination is required to sign the written statement in Appendix A to the Standard 1910-1030. This statement is kept on file in the College Health Service and the Health and Safety Office.

A student in Allied Health should receive hepatitis B vaccination except if a licensed physician provides a statement that the student has received the HBV vaccination series, that antibody testing has revealed that the student is immune, or the vaccination is medically contraindicated. ' A student who declines to be vaccinated must sign a written statement to that effect. This statement is kept on file in the College Health Service.

Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Signed Date

Hepatitis B Vaccine Declination for Allied Health Students ,(Mandatory)

I understand that due to my clinical exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (.HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring

hepatitis B, a serious disease.

_____ _____

Signed Date

Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident, an employee or student shall be able to use the College Health Service for a confidential medical evaluation and follow-up. At least the following elements are included, and are offered at no cost to the exposed individual:

1. documentation of the route(s). of exposure and the circumstances under which the exposure incident occurred;

2. identification and documentation of the source individual;
   A. The source individuals blood shall be tested as soon as feasible and after consent is obtained in ' order to determine HBV or HIV infectivity. Consent must also be obtained in order to share the testing results with the exposed employee. When consent cannot be obtained, this must be documented.
   B. Results of the source individual's testing shall be made available to the exposed employee, and the employee will be informed of applicable laws regarding confidentiality and disclosure of this information.

3. collection and testing of blood for HBV and HIV serological status;
   A. The exposed employee's blood is collected as soon as feasible and tested after consent is obtained.
   B. If the exposed employee consents to blood collection, but does not consent at the' time for HIV serologic testing, the sample is preserved for at least 90 days; during this time the employee can give consent and have the HIV serologic testing performed as soon as feasible.

4. pre- and post-testing counseling will be made available to the exposed individual;

5. post-exposure prophylaxis, when medically indicated, as recommended by the US. Public Health Service;

6. evaluation of reported illnesses.

Information Provided to the Healthcare Professional

If an employee, after a documented exposure incident, uses an outside healthcare professional for evaluation and follow-up, the Health Service provides the following information to that professional:

1. a copy of the Bloodborne Pathogen standard;

2. a description of the exposed employee's relevant duties;

3. documentation of the route(s) of exposure and circumstances under which exposure occurred;

4. results of the source individual's blood testing, if available, and copies of necessary consent forms;

5. all medical records relevant to the appropriate treatment of the employee, including the vaccination status, which is the College's responsibility to maintain.

Written Opinion of the Health Care Professional

Written opinions from health care professionals are given to the Department involved, and are retained in the College Health Service.

1. The written opinion of the health care profession regarding Hepatitis B vaccination is limited to whether Hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination.

2. The written opinion of the health care professional for post-exposure evaluation and follow-up shall be limited to the following information:
   a. that the employee has been informed of the results of the evaluation; and

   b. that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that would require further evaluation or treatment.

3. All other findings or diagnoses remain confidential, and may not be included in this written report.

Communication of Hazards to Employees

Labels and Signs

Warning labels are affixed to containers of regulated waste; refrigerators and freezers containing blood or other potentially infectious materials; and containers used to store, transport, and ship blood or other potentially infectious materials.

Labels are fluorescent orange or orange-red, and include the standard Biohazard symbol. Red bags or red containers may be substituted for labels.

Individual containers of blood that are placed in a labeled container for storage, transport, or shipping do not need to be individually labeled.

Signs are posted in clinical areas and laboratories to remind employees and students about infection control policies and procedures.

Information and Training

Training is provided to all employees in Allied Health, Custodial, Security, and other affected employees. New employees are to be trained within 90 days of being assigned to an area where occupational exposure may take place. Training will take place at the College during regular hours. Retraining will take place annually, and additional training will be given when modified tasks or procedures affect the employee's occupational exposure.

Training includes at least the following elements:

a. Location of an accessible copy of the OSHA standard, and an explanation of its contents;

b. Epidemiology and symptoms of bloodborne diseases;

c. Explanation of modes of transmission of bloodbome pathogens;

d. Explanation of. this Exposure Control Plan, and location of an accessible copy;

e. Methods of recognizing tasks that may involve exposure;

f. Explanation of the use and limitations of methods to prevent or reduce exposure, including engineering controls, work practices, and personal protective equipment;

g. Information on types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment; ,

h. Explanation of the basis for selection of personal protective equipment;

i. Information on the Hepatitis B vaccine, including information on efficiency, safety, method of administration, benefits of being vaccinated, and that the vaccine will be offered free of charge;

j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

k. Explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and the medical follow-up which will be made available;

1. Information on the post-exposure evaluation and follow-up that the College is required to provide;

m. Explanation of signs and labels warning about biohazards;

n. An opportunity for questions and answers and discussion.

Recordkeeping

Medical Recordkeeping

An accurate medical record will be established and maintained in the College Health Service for each covered employee, in accordance with OSHA Standard 29 CFR 1910.20 and with the Bloodborne Pathogen Standard 1910.1030.

Records will be maintained for at least the duration of employment plus 30 years.

The record will include the following:

a. name and social security number of the employee;

b. a copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and. any medical records relevant to the employee's ability to receive hepatitis B vaccinations;

c. a copy of all results of examinations, medical testing, and follow-up procedures as required after an exposure incident;

d. the employer's copy of the healthcare professional's written opinion as required after an exposure incident;

e. a copy of the information required to be given to the health care professional, including documentation of the route(s) of exposure, and results of the source individual's blood testing, if available.

Records are kept confidential, and are not disclosed or reported without the employer's express written consent to any person within or outside the workplace.

Training Records

Training records will be kept in the Health and Safety office, and in the affected departments. Training records are maintained for 3 years from the date on which training occurred.

Records include:

a. dates of the training sessions;
b. contents or summary of topics covered;
c. names and qualifications of trainers;
d. names and job titles of those attending, and sign-in sheet.

Infection Control Program in the Dental Hygiene Program

The following constitute elements of the Dental Hygiene Department's infection control program, which is meant to protect employees, students and patients from patients from diseases caused by bloodborne pathogens and other infectious agents.

1. Medical History
2. Antiseptic Mouth Rinse
3. Antiseptic Hand Washing
4. Disposable Latex -Gloves
5. Disposable Face Masks and Protective Eye Wear
6. Clinic Attire
7. Sharps Disposal
8. Ultrasonic Cleaning
9. Instrument Packing
10. Steam Sterilization
11. Monitoring
12. Gluteraldehydes
13. Surface Asepsis, Housekeeping
14. Waste Disposal System
15. Information and Training
16. Record Keeping
17. Hepatitis B Vaccine
18. Exposure Determination
19. Post-Exposure Evaluation and Follow-up

1. Comprehensive Medical History
   a. is taken on every patient
   b. if negative, patient is asked to have a medical clearance form filled out by her/his doctor.

2. Antiseptic Mouth Wash
   Each patient is asked to rinse with antiseptic mouthwash ("Scope").

3. Antiseptic Hand Wash
   Before seeing the first patient, and after seeing each patient, each student and instructor is instructed to scrub their hands with an anti-microbial skin cleanser ("Chlorostat"), and wash their hands with antibacterial liquid soap. Hands are washed' with the antibacterial soap after the removal of latex gloves.

4. Disposable Latex Gloves
   New latex gloves are used with each patient, and properly disposed of afterwards. Students must wear utility gloves when cleaning the operatory or unit; employees must wear utility gloves when mixing or handling chemical disinfectants.

5. Disposable Face Masks and Protective Eye Wear
   These pieces of personal protective equipment are used by employees and staff to protect against droplet and splashing exposure when treating a patient. Face shields are used in polishing and ultrasonic scaling because of aerosols created by this activity.

6. Clinical Attire
   Both faculty and.students wear white uniforms in clinic. Instructions on proper laundering are given at the beginning of each semester. If a uniform is penetrated by blood or other potentially infectious material, it is removed immediately or as soon as possible. Dental Hygiene maintains on hand disposable protective clothing for situations when it may be necessary.

7. Sterilizable Handpieces
   All handpieces used in clinic are able to be sterilized by autoclaving. In addition, disposable contra-angles are in stock for use in situations when it may be necessary.

8. Sharps Disposal
   All sharps are placed in a red sharps container immediately after use. - This includes needles, anesthetic capsules, -glassware, etc. Needles are not snapped off, bent, or recapped.

9. Ultrasonic Cleaning
After each use, all instruments are cleaned ultrasonically. They are put into an instrument container with a solution specifically used for ultrasonic cleaning (eg., IMS Instrument Daily Clean or Klenzyme Enzymatic Pre-Soak) and cleaned -in the ultrasonic cleaner according. to manufacturer's directions.

NEW PROCEDURE FOR THE USE OF LATEX GLOVES IN THE DENTAL HYGIENE CLINIC

ALL LATEX GLOVES SHOULD BE REMOVED AT CHAIRSIDE

USING THIS PROCEDURE

1. WASH GLOVED HANDS* BEFORE REMOVAL WITH SOAP, BRING TO A LATHER, AND RINSE THOROUGHLY. DISPOSE OF GLOVES IN RED BAG WASTE.

2. WASH HANDS WITH SOAP BEFORE APPROACHING ANY AREA, IE., PHONE
   SUPPLY TABLE
   STERILIZATION AREA
   GOING INTO FILES OR PATIENT RECORDS
   ENTERING CHAIRSIDE DRAWERS.

*Effective immediately soiled gloves are to be removed unwashed inside out.

TRAINING AGENDA

ON OSHA BLOODBORNE PATHOGEN STANDARD

AND RIGHT TO KNOW LAW

FOR HOSTOS ALLIED HEALTH FACULTY AND STAFF

1. Introduction to the Bloodborne Pathogen Standard
   - -Who is covered
   - -What it is about
   - -What is required: Written plan
     - Training
     - Medical waste
     - Controls
     - Protective equipment
     - Hepatitis B vaccination
     - Recordkeeping

2. Roles of OSHA, NY State Depts. of Labor and Health
   - OSHA Hazard Communication Standard
   - NY State PESH Act
   - NYS Right to Know Law
     - Material Safety Data Sheets

3. Bloodborne Diseases of Concern to Health Care Workers (AIDS and Hepatitis B); Tuberculosis
   - -Epidemiology
   - -Modes of Transmission
   - -Symptoms

4. Recognition of tasks that may involve exposure; methods to prevent or reduce exposure, use and limitations

5. Warning signs and labels

6. Personal protective equipment

7. Hepatitis B vaccine
   - -efficiency, safety, benefits
   - -method of administration
   - -where offered

8. Emergency situations involving blood

9. What to do if an exposure incident occurs Post-exposure evaluation and follow-up

10. Questions, answers, discussion

NYS EDUCATION LAW
ARTICLE 133/SECTION 6606
DEFINITION OF PRACTICE OF DENTAL HYGIENE

The practice of the profession of dental hygiene is defined as the performance of dental services which shall include removing calcareous deposits, accretions and stains from the exposed surfaces of the teeth which begin at the epithelial attachment and applying topical agents indicated for a complete dental prophylaxis, removing cement, placing or removing rubber dam, removing sutures, placing matrix band, providing patient education, applying topical medication, placing and exposing X-ray films, performing topical fluoride applications and topical anesthetic applications, polishing teeth, taking medical history, charting caries, taking impressions for study cast, placing and removing temporary restorations, and any other function in the definition of the practice of dentistry as may be delegated by a licensed dentist in accordance with regulation promulgated by the commissioner. The practice of dental hygiene may be conducted in the office of any licensed dentist or in any appropriately equipped school or public institution but must be done under the supervision of a licensed dentist.

PRINCIPLES OF ETHICS OF THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION

Each member of the American Dental Hygienists' Association has the ethical obligation to subscribe to the following principles:

- To provide oral health care utilizing highest professional knowledge, judgment and ability.
- To serve all patients without discrimination.
- To hold professional patient relationships in confidence.
- To utilize every opportunity to increase public understanding of oral health practices.
- To generate public confidence in members of the dental health professions.
- To cooperate with all health professions in meeting the health needs of the public.
- To recognize and uphold the laws and regulations governing this profession.
- To participate responsibly in this professional Association and uphold its purpose.
- To maintain professional competence through continuing education.
- To exchange professional knowledge with other health professions.
- To represent dental hygiene with high standards of personal conduct.

A SPANISH-ENGLISH CONVERSATION GUIDE FOR USE IN DENTISTRY

VOWELS

A	is pronounced like the a in father
E	is pronounced like the ay in day
I (or Y)	is pronounced like the i in machine
O	is pronounced like the oo in food
U	is pronounced like the aw in awful

CONSONANTS

C	is pronounced as s before e, i
C	is pronounced as k before a, o, u
QU	is pronounced as k before e, I
G	is pronounced like the h in here before e, I
H	is silent
J	is pronounced like the h in hole
N	is pronounced like the ny in canyon
V	is pronounced as b
Y	is pronounced as j at the beginning or middle of a word
Z	is pronounces as s
CH	is considered as one letter in Spanish and is pronounced as the ch in church
LL	is considered as one letter in Spanish and is pronounced as the y in yellow

B,D,F,L, M N, P, R, S, T have pronunciations similar to these letter in English.

VOCABULARY

afternoon	tarde	temporary	temporario
anesthesia	anestesia	Thursday	Jueves
appliance	aparato	tongue	lengua
appointment	cita	Tuesday	Martes
back	atras	up	arriba
bad	malo	wait**	espere
bite**	muerda	water	agua
to bleed	sangrar	Wednesday	Miercoles
to brush	cepillar	1	uno
close**	cierre	2	dos
cold	frio	3	tres
day	dia	4	cuatro
dentures	dentaduras	5	cinco
dry	seco	6	seis
filling	empaste	7	siete
finished	terminado	8	ocho
forward	adelante	9	nueve
Friday	Viernes	10	diez
gently	suavement	11	once
good	bueno	12	doce
gums	encia	13	trece
hot	caliente	14	catorce
hours	horas	15	quince
important	importante	16	diez y seis
inflamed	inflamada	17	diez y siete
irritation	irritacion	18	diez y ocho
left	izquierdo	19	diez y nueve
Monday	Lunes	20	viente
morning	manana	21	veinte y uno
mouth	boca	22	veinte y dos
needle	aguja	23	veinte y tres
nerve	nervio	24	veinte y cuatro
open**	abra	25	veinte y cinco
pain	dolor	26	veinte y seis
to pay	pagar	27	veinte y siete
please	por favor	28	veinte y ocho
right	derecha	29	veinte y nueve
rinse**	enjuaguese	30	treinta
slowly	lentamente	31	treinta y uno
swallow**	trague	40	cuarenta
teeth	dientes	50	cincuenta
telephone	telefono	60	sesenta

MEDICAL-DENTAL HISTORY

Are you under the care of a physician at the present time?
Esta bajo tratamiento de un medico?

Are you presently taking any medicine?
Esta tomando medicinas recetadas ultimamente?

Have you ever been told you have trouble with your heart?
Le han dicho alguna vez que padece del corazon?

Has a physician ever said that you had high blood pressure?
Le ha dicho el medico alguna vez que tiene la presion alta?

Have you ever had rheumatic fever?
Ha padecido alguna vez de fiebre reumatica?

Have you ever had tuberculosis, asthma or other lung troubles, yellow jaundice, liver trouble, gall bladder trouble, anemia, or epileptic convulsions or "fits"?
Ha padecido alguna vez de tuberculosis, asma, problema pulmonar, ictericia (tobaldillo), problemas del higado, vesicula, anemia, o convulsionses a ataques epilepticos?

Do you have any allergies?
Tienes alergias?

Are you allergic to any drugs?
Esta alergico a alguna medicina?

Do you have diabetes? (Sugar disease)
Tienes diabetes? (Azucar en la sangre)

Do you have any bleeding problems? Prolongs bleeding following tooth extractions or cuts?
Sangra con facilidad? Cuando se extrae un diente or se corta, sangra por mucho tiempo?

Have you had previous extractions with local anesthesia (needle) or general anesthesia (gas)? If, yes under line the appropriate word.
Ha tenido extracciones anteriores con anestesia (aguja) or anestesia general (gas)? Si, si, subraye <u>local</u> or <u>general</u>

Have you ever had any trouble of any type when you had a tooth removed? Prolong bleeding, excess swelling, pain, infection, or other problem.

Cuando le han extraido algun diente, ha tenido algun problema? Ha sangrado por much tiempo, mucha hinchazon, dolor infeccion o otro malestar?

Have you ever been treated with cortisone or by radiation? (X-ray therapy)

Ha tenido algun tratamiento de cortisona or radiacion? (rayos equis)?

Have you had a venereal disease (bad blood)?

Ha tenido enfermedades venerias (sangre mala)?

Have you ever had any operations or major surgery, serious illness, or been hospitalized for any length of time?

Lo han hospitalizado para alguna operacion o infermedad de gravedad por mucho tiempo?

Do you consider yourself to be in good health now?

Cree usted que esta en buen estado de salud?

GENERAL INSTRUCTIONS

Do your teeth hurt?

Le duelen los dientes?

Which tooth hurts?

Cual diente le duele?

One moment please!

Un momento por favor!

Wait here please!

Espere aqui por favor!

Head back please!

Por favor ponga la cabeza para atras!

This will take the saliva out of your mouth.

Esto le saca la saliva de la boca.

This will only take a few minutes.

Esto solamente tomara pocos minutos.

PEDODONTICS

Hold the mirror up and watch me work.
Levante el espejo y mireme trabajar.

Open please.
Abra por favor.

Close please.
Cierre por favor.

Put your tongue forward—back—up.
Ponga su lengua hacia adelante—hacia atras—hacia arriba.

Move your tongue to this side. (Point out which side.)
Mueva la lengua para este lado.

Bite down gently.
Muerda suavement.

When you close, does the filling feel high?
Cuando usted cierra, siente el relleno alto?

Sit down here please.
Por favor sientese aqui.

Raise your left hand if you feel pain.
Levante la mano ezquierda si siente dolor.

Breathe through your nose.
Respire por la nariz

Keep the tooth dry.
Mantenga los dientes secos.

You will have to go to...
Tiene que ir a...

This is a temporary filling.
Este es un empaste temporario.

Do not eat on this side for two to three hours.
No mastique de este lado por dos o tres horas.

Relax.
Calmese.

Bite together.
Muerda con los dientes juntos.

Swallow
Trague

PATIENT MANAGEMENT

Your appointment is
Su proxima cita es

Monday	Lunes
Tuesday	Martes
Wednesday	Miercoles
Thursday	Jueves
Friday	Viernes

at 9:30	a las nueve y media
at 10:45	A las once menos quince (10:45)
at 1:15	a las una y quince
at 2:30	a las dos y media
at 3:45	a las cuatro menos quince (3:45)

In the morning
Por la manana

In the afternoon
Por la tarde

On the 5th floor	En el quinto piso
On the 6th floor	En el sexto piso
On the 7th floor	En el septimo piso
On the 8th floor	En el octavo piso
On the 9th floor	En el noveno piso

Call this number 24 hours in advance if you cannot come.
Llame este numero veinticuatro horas antes si no puede venir.

GENERAL DENTAL INFORMATION

You must maintain your teeth clean in order to prevent bleeding gums.
Mantenga los dientes limpios para que no le sangren.

Hard irritating debris (calculus) is attached to your teeth above and below the gums.
Tiene residuos duros irritantes pegados a sus dientes por encima y debajo de las encias.

Your teeth are loose because irritating debris (plaque) on tooth surfaces has caused the bone around your teeth to recede.
La irritacion causada por comida vieja resulta en que los huesos se mueven de los dientes. Por eso estan flojos.

This stains the soft white material on your teeth which you must remove with a toothbrush and cord (floss).
Esto le da color a la comida dejada en los dientes y desaparese cuando se cepille.

Place this tablet in your mouth and suck on it.
Chupe esta tableta.

You must remove the soft white material on and between your teeth each day because it soon becomes hard and causes your gums to bleed.
Tiene que remover el material blanco todo los dias en medio de los dientes por que se puede poner duro y sangrarle la encia.

Follow these instructions.
Siga estas instrucciones (when you are pointing at certain instructions)
Siga estas instrucciones (follow the instructions).

Use this cord(dental floss) in the following way...
Use este cordon asi...

Place cord (floss) between each pair of teeth and scrape it up along the sides of both teeth.
Ponga el cordon (floss) entre el par de dientes y raspe los lados de ambos dientes.

Use soft (medium) brush
Use un cepillo suave (mediano, firme).

Scrub your teeth in circles like this...
Cepillese los dientes en circulo, en esta forma...

Brush your teeth after each meal and before going to sleep.
Cepillese despues de cada comida y antes de dormir.

Let brush dry out between uses – use 2 or 3 brushes if necessary.
Deje que el cepillo se seque despues de usarlo. Use dos o tres cepillos si es necessario.

SECTION II:
Grading of the Various Procedures

GRADING OF THE VARIOUS PROCEDURES

This guide is intended for both the student and instructor. It provides the instructor with a specific format to follow in determining a grade for any of the various procedures. It provides the student with a guide to be used to insure all steps are being followed and completed to satisfaction in the various clinical procedures.

This guide provides grading procedures for the following:

1. Medical/Dental History
2. Vital Signs
3. Extra/Intra Oral Examination/Occlusion
4. Hard Tissue Charting
5. Periodontal Charting
6. Gingival Assessment
7. Nutritional Counseling
8. Patient Education
9. Scaling and/or Polishing
10. Laceration
11. Treatment Plan
12. Pit and Fissure Sealants
13. Phase-Contrast Microscopy
14. Radiographic Evaluation
15. Topical Fluoride Application
16. Patient Hygiene Performance

MEDICAL/DENTAL HISTORY

1. Student has completed the entire questionnaire leaving no questions unanswered.

2. Student has indicated positive responses in red pen and has also indicated this condition in red on the front of the patient's chart.

3. Student is able to answer questions posed by the instructor in reference to the medical dental history.

4. Student obtains the patient's signature on the history form.

****

DEN 5310/CLINIC I

- Three to four of the above steps completed satisfactorily, score to be given = 2
- Two of the above steps are incomplete or performed unsatisfactorily, score to be given = 1.
- Three or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0

DEN 5312/14 - CLINIC II/III

- All four of the above steps completed satisfactorily, score to be given = 2.
- One of the above steps is incomplete or performed unsatisfactorily, score to be given = 1.
- Two or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

VITAL SIGNS

1. The student had determined accurately the patient's temperature, pulse and respiration.

2. The student is able to demonstrate and explain the procedure for determining correct cuff size and consequences of incorrect cuff size.

3. The student is able to indicate the location of the brachial artery and antecubital space and explain how they relate to the placement of the bladder and endpiece of the stethoscope.

4. The student indicates the artery used for the estimate systolic.

5. The student is able to explain the process and purpose of the estimate systolic.

6. The student is able to explain the auscultatory gap.

****

DEN 5310 / CLINIC I

- Five to six of the above steps completed satisfactorily, score to be given = 2.
- Two of the above steps are incomplete or performed unsatisfactorily, score to be given = 1.
- Three or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

DEN 5312/14 - CLINIC II/III

- All of the above steps completed satisfactorily, score to be given = 2.
- One of the above steps is incomplete or performed unsatisfactorily, score to be given = 1.
- Two or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

EXTRA/INTRA ORAL EXAMINATION/OCCLUSION

1. The student has completed all questions on the form with no blank areas.

2. The student is able to demonstrate techniques used for inspection if requested by the instructor.

3. The student is able to elaborate findings if requested by the instructor.

****

DEN 5310 - CLINIC I

- All of the above steps completed satisfactorily, score to be given = 2.
- One of the above steps is incomplete or performed unsatisfactorily, score to be given = 1.
- Two or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

DEN 5312/14 - CLINIC II/III

- All of the above steps completed satisfactorily, score to be given = 2.
  Any of the above steps is incomplete or performed unsatisfactorily, score to be given = 0.

HARD TISSUE CHARTING

1. A complete hard tissue charting form must be recorded for each patient.

2. Charting must include identification of the following dental conditions:

Abutment: Ab
Caries: (red) outline lesion
Dentures: (bracket arch)
Fixed bridge: FB
Furcation involvement: (red) ∧
Missing: vertical line |
Open Margin: O
Partial denture: (bracket area)
Pontic (s): P
Restorations: solid
Space closed or drifted tooth ➜
Unerupted: Horizontal

Abscess: (red) Abs.
Decalcification: ///
Extracted: X
Fracture: (red) ^^^
Impacted area: IM
Open contact: (red if a problem) ∨
Overhang: (red) OH
Partial eruption: two horizontal lines =
Removal indicated: (red) oblique line/
Root canal: RC
Supernumerary tooth: Su

3. Appropriate symbols and colors are accurately depicted.

DEN 5310 / CLINIC I
NOT APPLICABLE

DEN 5312/14 CLINIC II / III

- All of the above steps completely satisfactorily, score to be given =2
- One of the above steps incomplete or performed unsatisfactorily, score to be given = 1
- Two or more of the above steps incomplete or performed unsatisfactorily, score to be given = 0

PERIODONTAL CHARTING

1. The student probes the appropriate teeth with +/- 1mm variation from the instructors' findings.

2. The student is able to determine the patient's periodontal case type and support his/her evaluation by indicating the appropriate findings.

3. All findings are accurately recorded on the periodontal chart.

****

DEN 5310 - CLINIC I
NOT APPLICABLE

DEN 5312/14 - CLINIC II/III

- All of the above steps completed to satisfaction, score to be given = 2
- One of the above steps is incomplete or unsatisfactory, score to be given =1.
- Two or more of the above steps are incomplete or unsatisfactory, score to be given = 0.

GINGIVAL ASSESSMENT

1. Student has completed all questions on the gingival assessment form.

2. Student is able to evaluate the patient's gingival condition and support his/her evaluation by indicating his findings.

3. Student is able to elaborate on his findings so as to be specific, i.e. "patient has localized marginal gingivitis", localized as to where and what specific areas.

4. Student is able to respond to instructor's questions satisfactorily.

****

DEN 5310 CLINIC I

- Three to four of the above steps completed to satisfaction, score to be given = 2.
- One of the above steps is incomplete or performed unsatisfactorily, score to be given = 1.
- Three or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

DEN 5312/14 - CLINIC II/III

- All of the above steps completed satisfactorily, score to be given = 2.
- One of the above steps is incomplete or performed unsatisfactorily, score to be given = 1
- Two or more of the above steps are incomplete or unsatisfactory, score to be given = 0.

NUTRITIONAL COUNSELING

Student counsels patient and provides the following:

1. A specific plan of action for the patient to follow is presented.

2. A visual aid or handout related to nutrition is used.

3. Student has previously evaluated patient's diet by having patient complete a diet diary and a nutritional questionnaire.

4. Student considers: the physical, emotional, social, economic and cultural background of the patient and counsels in relation to it.

5. Student provides patient with factual advice.

****

DEN 5310 CLINIC I
NOT APPLICABLE

DEN 5312/14 - CLINIC II/III

- All of the above steps completed satisfactorily, score to be given = 2.
- Two of the above steps are incomplete or performed unsatisfactorily, score to be given = 1
- Three or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

PATIENT EDUCATION

Student provides patient education, which consists of the following:

1. Education is properly geared to a level, which the patient can understand. Student uses proper vocabulary, student does not overwhelm patient with amount of information given at once.

2. Motivation and interest of patient is aroused.

3. Student insures that the patient is able to perform the techniques taught.

4. Information provided to patient is factual.

5. Student uses some form of visual aid in instructing the patient.

6. Patient is able to answer basic questions relating to home care instruction, plaque, calculus and caries.

7. Patient can properly demonstrate techniques taught, to an instructor.

****

DEN 5310 - CLINIC I

- Six to seven of the above steps completed satisfactorily, score to be given = 2.
- Three of the above steps are incomplete or performed unsatisfactorily, score to be given = 1.
- Four or more of the above steps are incomplete or performed to unsatisfactorily, score to be given = 0.

DEN 5312/14 - CLINIC II/III

- All of the above steps are performed to satisfaction, score to be given =2.
- If two of the above steps are omitted or not performed to satisfaction, score to be given = 1.
- If more than two of the above steps are omitted or not performed to satisfaction, score to be given = 0.

SCALING AND/OR POLISHING

DEN 5310/CLINIC I

FIRST CHECK

1. All deposits/stains removed, score to be given = 2.
2. Deposits/stains remaining…
    a. Instructor indicates areas of remaining deposits/stains.
    b. Student records areas on scaling and polishing report.
    c. NO penalty incurred

SECOND CHECK

1. All deposits/stains removed, score to be given = 2.
2. Deposits/stains remaining…
    a. Instructor and student review areas of remaining deposits and discuss t techniques for improvement.
    b. Instructor initials 1st c heck on grading sheet.

THIRD CHECK

1. All deposits/stains removed, score to be given = 1.
2. Deposits/stains remaining…
    a. Instructor continues guidance
    b. Instructor initials 2nd check on grading sheet.

FOURTH CHECK

1. All deposits/stains removed, score to be given = 0.
2. Deposits/stains remaining…
    a. Instructor can remove or personally supervise the student's removal and give student assignment, which can be a reading assignment, return to mannequin practice or individual tutoring.

DEN 5312/14 - CLINIC II/III

- All deposits/stains removed, score to be given = 2.
- Deposits/Stains remaining , a first check is given. If these areas are all removed when rechecked student will receive a score of 1.
- Deposits/stains remain after second check, score of 0 is given.

LACERATION

This is graded on a 2 or 0 basis only. If a student has any form of laceration which has been caused due to his technique, a grade of zero is to be given. If upon observing the mouth no lacerations are discovered, a grade of two is then given.

TREATMENT PLAN

1. A comprehensive dental hygiene treatment plan is developed prior to treatment utilizing all data gathered from assessments.

2. The treatment plan should state the number of visits, procedures to be rendered at each visit and the anticipated duration of each visit.

3. The treatment plan should include patient education goals and clinical treatment goals.

4. The treatment plan should reflect the individual patient's needs as well as the rate at which the student believes he/she can operate.

****

DEN 5310 - CLINIC I
NOT APPLICABLE

DEN 5312/14 - CLINIC II/III

- All of the above steps completed satisfactorily, score to be given = 2

- One of the above steps is incomplete or performed unsatisfactorily, score to be given = 1.

- Two or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

PIT AND FISSURE SEALANTS

1. Student checks with instructor for approval to seal a specific tooth.

2. Proper procedure is followed in placing sealant.

3. Sealant appropriately covers tooth surface and firmly holds upon instrument manipulation.

****

DEN 5310 - CLINIC I
NOT APPLICABLE

DEN 5312/14 - CLINIC II/III

- All of the above steps completed satisfactorily, score to be given = 2

- One of the above steps is incomplete or performed unsatisfactorily, score to be given = 1.

- Two or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

PHASE-CONSTRAST MICROSCOPY

1. The student prepares a slide, which has high visibility and clarity of micro-organisms.

2. The microscope has been adjusted properly insuring acute visibility.

3. Proper identification of microorganisms.

4. Correct determination of the condition of the periodontium.

5. Satisfactory explanation of the significance of these findings to the patient.

****

DEN 5310 - CLINIC I
NOT APPLICABLE

DEN 5312/14 - CLINIC II/III

- All of the above steps performed to satisfaction, score to be given = 2.
- Two of the above steps are incomplete or performed unsatisfactorily, score to be given = 1.
- Three or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

RADIOGRAPHIC EVALUATION

CRITERIA FOR A DIAGNOSTICALLY ACCEPTABLE FMS

1. Each film should show:
   a. A suitable reproduction of the area being examined.
   b. A tooth image which is not distorted, i.e foreshortened or elongated.
   c. Interproximal surfaces which do not overlap (anatomical excluded).
   d. 1/8"-1/4" of alveolar bone beyond root apex.
   e. 1/8"-1/4" beyond incisal or occlusal edges.
2. Proper density
3. Satisfactory contrast
4. Good definition

Evaluation of clinical radiographs will be based primarily on four major errors with the assumption that varying degrees of each major error exists and will be considered.

I. Distortion

-1 Severely elongated – apices not apparent
Severely foreshortened – root length not in proportion with crown;
Facial and lingual cusps not on sample plane*

-1 Moderately elongated – roots lengthened but apices apparent
Moderately foreshortened – root length not in proportion with crown

-0 Slight elongation a minimum of distortion is still acceptable and expected in Bisection
Slight foreshortening – Angle FMS's

*Due to film placement and angulation in the Bisecting Angle Technique there will always be "uneven" facial and lingual cusps, particularly on the maxillary premolars and molars – not so much however on mand. posteriors due to parallel placement of film.

With Paralleling Technique cusps should always be on same plane.

II. Overlapping

-1 Severe – overlap with separation of buccal and lingual cusp (cusps are not superimposed over one another)

-1 Moderate – overlap, slight separation

-0 Slight – 0 slight overlap on a periapical – does not interfere with diagnostic yield

-1 Slight to severe overlap on all BW's

Slight overlap will be allowed on maxillary canines utilizing paralleling technique with XCP instruments or bite blocks.

III. Film Placement

-1 Apices which are not apparent (elongation excluded)

-1 Incomplete third molar coverage

-1 Inadequate coverage of distal of canine on premolar BW's

-1 ′ When occlusal or incisal surfaces are not complete.
-0 When distal of canine or premolar periapical can be seen on canine exposure without overlap or other error.

IV Cone Cuts
-0 Slight cone cut – ¼" of cone cut at corners covering void space but not consistently through FMS
-1 Anything more than slight

V Miscellaneous Errors: -1
Change in density – too light or too dark
Bent film
Blurred image
Reverse film
Incorrect mounting
Downhill

TOPICAL FLUORIDE APPLICATION

1. The student has ensured a parental consent form has been completed for a minor prior to treatment.

2. Student has properly ensured the teeth are free of plaque, stain and debris prior to fluoride application.

3. Student has selected the proper fluoride tray size.

4. Student positions patient upright and air dries teeth as well as uses cotton rolls and saliva ejector for control of saliva.

5. Student dispenses and times fluoride as indicated by manufacturer.

6. Student has instructed patient not to swallow and to perform a light chewing motion during the treatment.

7. The patient has been advised of measures to take if sickness should result, (i.e. drink milk or lime water and notify student of incident).

8. The student has advised the patient/guardian not to eat or drink for 30 minutes following fluoride application.

****

DEN 5310/CLINIC I
NOT APPLICABLE

DEN 5312/14 - CLINIC II/III

- Steps #1-8 completed satisfactorily, SCORE TO BE GIVEN = 2
- One of the above steps incomplete or performed unsatisfactorily, SCORE TO BE GIVEN = 1
- Two or more of the above steps incomplete or performed unsatisfactorily, SCORE TO BE GIVEN = 0

PATIENT HYGIENE PERFORMANCE (PHP)

1. The student had correctly identified the teeth to be examined.

2. The student has correctly identified the surfaces of the teeth to be examined.

3. The student correctly applies the disclosing agent.

4. The student evaluates each tooth and correctly indicates its score.

5. The student is able to determine the patient's rating from the assessed scores.

****

DEN 5310/CLINIC I

- Four to five of the above steps completed satisfactorily, score to be given = 2.
- Two of the above steps are incomplete or performed satisfactorily, score to be given = 1.
- Three or more of the above steps are incomplete or performed unsatisfactorily, score to be given = 0.

DEN 5312/14 - CLINIC II/III

- All of the above steps are performed to satisfaction, score to be given =2.
  Any of the above steps are omitted or not performed to satisfaction, score to be given = 0.

SECTION III:

A Guide to Performing the Various Clinical Procedures

SCHEDULING A PATIENT APPOINTMENT

1. An appointment card is given to every patient.

2. Hygiene appointments should be confirmed one (1) day in advance so as to insure the patient's arrival.

3. The student is responsible for getting his own patients, unless one has been scheduled by the receptionist.

4. All appointments must be entered in the appointment book.

5. In the appointment book, PRINT IN PENCIL ONLY.

    a. Patient's name
    b. Telephone number

6. Prior to scheduling a patient always check the appointment book to insure the appointment time is available.

7. Keep a personal record of your patient's appointment times.

THE PATIENT RECORD

1. Every patient, whether treatment was rendered or not, must have a patient record.

2. A new chart is filled out for all new patients.

3. A chart should be on file for all recall patients. (Ask patient if they have been to the clinic before). If no chart is found, a new one is made.

4. If a patient is a recall patient, re-check the chart thoroughly and in detail, and complete a recall chart. Insure the address, telephone number, etc. are correct. Changes in the medical-dental history should be noted.

5. A new medical history must be completed or updated for every patient on a annual basis, as to insure the current health status is known and significant findings are noted.

6. Treatment rendered at each visit is noted on both the patient chart and treatment rendered form along with the initials of the student and supervising instructor. (i.e. scaling lower Rt Quadrant, Pt. Ed., BP).

7. All charts are to be completed daily and filed with the receptionist.

8. No charts may be taken from the clinic or retained by the patient or student. The chart is a legal document and must be treated accordingly.

9. All information should be printed neatly in black ink. NOTE: No white out is used. An error is indicated with one line through entry only.

10. A position response on the medical history should be noted on the front of the chart in BOLD RED LETTERS, as to provide warning and special reminder to the health professional.

11. When medical clearance is obtained it should be placed in patient chart and clinic manager notified.

12. No records are to leave the clinic, not even to go to locker rooms.

13. All x-rays taken on patients should be noted on chart.

14. When a patient is completed, write the word Completed in bold print on the chart, and write appropriate recall date on chart to be entered into computer.

15. When it is obvious that a patient will not return for treatment, make a note on the patient's chart.

16. You must note on chart when a toothbrush is given to patient.

MEDICAL/DENTAL HISTORY RECORDING

1. Without exception, a health history should be completed on each patient treated or examined in the office.
2. It must remain a permanent part of the patient's record.
3. It should be part of the regular office procedure.
4. Questions should be limited to those that are essential to the diagnosis and care of the patient.
5. There should be evidence that the patient understood the questions, and the importance of providing accurate answers.
6. All questions should be answered; there should be no blank spaces on the completed form.
7. The patient should be required to write something in answer to each question. This will defuse any question of who entered the responses.
8. The answers on the history form must be written and completed in black ink or black ball point pen.
9. It is essential to include a medication history.
10. There should be an open-ended catch-all question about the patient's health status.
11. The patient should be instructed that changes in health must be reported to the office at earliest possible time.
12. The history must be signed and dated by the patient, or if the patient is a minor, by the parent or guardian.
13. Releases to request and provide health information from and to appropriate sources should be obtained from the patient.
14. The history must be reviewed by the treating practitioner, and documented that it was done in the record.
15. If someone other than the patient completed the questionnaire that individual, and relationship to the patient should be recorded on the form.
16. History updates should be completed on each patient at intervals consistent with the general health of the patient. The decision as to their frequency is professional, not legal.

MEDICAL CLEARANCE

It is of vital importance that patients displaying specific diseases or conditions obtain a medical clearance by a physician prior to ANY dental treatment.

Students should alert supervising staff if they believe their patient has a condition which requires a medical clearance.

Some Conditions Requiring Medical Clearance:

Rheumatic Fever
Uncontrolled Diabetes
Veneral Disease (active)
Congestive Heart Failure
Liver Disease
Uncontrolled Hypertension
Recent Myocardial Infarction (within the last 2 years)
AIDS
Hepatitis
Anticoagulant Therapy
Cardiac Surgery
Hemophilia
Leukemia, Agranulocytosis
Angina Pectoris (recent attack)
Prosthetic Joint Replacement
Congenital Heart Disease
Arrhythmia
Epilepsy
Anti Cancer Chemotherapy
Renal Transplant

This list contains the majority of conditions necessitating medical clearance and possibly no treatment at all. There may be additional conditions requiring a medical clearance.

BLOOD PRESSURE

1. Have patient relax in the upright position in dental chair for at least five (5) minutes.

2. Place patient's arm horizontally at chest level with palm up. (use right arm)

3. Apply blood pressure cuff
   a. use appropriate cuff for patient's arm size
   b. place evenly and firmly, one inch above antecubital space. (2 finger width)
   c. Place center of bladder over brachial artery.

4. Determine estimate systolic pressure (palpatory). We estimate in order to eliminate ausulatory Gap.
   a. Palpate pulse and inflate cuff rapidly until pulse disappears (no longer felt) and continue to inflate up to 30mm beyond disappearance of pulse.
   b. Slowly deflate cuff (2 to 3mm/sec) until pulse reappears (is felt)
   c. Deflate cuff completely and record reading mentally or in writing.

5. Determine blood pressure (Systolic & Diastolic pressure)
   a. wait 15 seconds with Hg at 0
   b. place sanitized earpieces in ear in the forward position.
   c. Inflate cuff rapidly to a level of 30mm of Hg above the estimate systolic.
   d. Deflate slowly until beat is heard (KOROTKROFF – heart beats sounds), mentally record this reading, continue to deflate until you hear the last sound, mentally record.
   e. Slowly deflate for at least 20mm Hg then record reading.
   f. Record reading at nearest even digit.

NOTE: True Systolic should be in the range of the estimate reading up to 10mm above. Retake any reading out of this range. Readings in the left arm may result in variations of 5-10mm. KOROTKROFF sounds disappear as the pressure is lowered and reappear well above the diastolic.

VITAL SIGNS

The vital signs are the body temperature, pulse and respiratory rates and blood pressure. The following chart summarizes the normal values for adults.

VITAL SIGN	VALUES OF SIGNIFICANCE	
1. Body Temperature (Oral)	Normal 98.6°F Normal Range 96.0° - 99.5°F	
2. Pulse Rate	Normal Range 60-100 per minute	
3. Respiration	Normal Range 14-20 per minute	
4. Blood Pressure	Systolic/Diastolic	Diastolic Range

Blood Pressure Category		
Normal	< 130	< 85
High Normal	130-139	85-89
Hypertension		
Stage 1 (Mild)	140-159	90-99
Stage 2 (Moderate)	160-179	100-109
Stage 3 (Severe)	180-209	110-119
Stage 4 (Very Severe)	≥ 210	≥ 120

Body Temperature: The Tempadot strip is used to determine body temperature. Please see manufacturer's recommendation for use.

Pulse Rate: Wilkins p. 110-111.

Respiration: Wilkins p. 111.

MEDICAL CONDITIONS NECESSITATING SPECIAL CONSIDERATIONS

	CONDITION:	CONSIDERATIONS:
1	Respiratory Problems Asthma Bronchitis Emphysema	• Chair position for appointment. • Agents which bring on attack.
2	Diabetes	• Appointment time related to insulin therapy and mealtime • Avoid tissue trauma • Ask patient when insulin was taken • Preparation for emergencies
3	Allergies	• Avoid substance patient is allergic to • Consider allergies in nutritional counseling
4	Use of Alcohol	• Increased healing time • Poor nutritional state • May result in lack of patient cooperation
5	Hypertension	• Length of appointment • Allay fears to prevent apprehension
6	Venereal Disease	• Strict attention to infection control Procedures by A.D.A. and C.D.C.
7	Tuberculosis	• Strict attention to infection control Procedures by A.D.A. and C.D.C.
8	Hepatitis	• Strict attention to infection control Procedures by A.D.A. and C.D.C.
9	Epilepsy	• Gingival overgrowth from medication • Preparation for emergency
10	Endocrine Influences	• Emphasis on high level of plaque control
11	Pregnancy	• Frequent recall • Adapt techniques • Adjust physical arrangements
12	Blood Disease	• Frequent recall to prevent long tiring condition
13	AIDS	• Strict attentions to infection control procedures by A.D.A. and C.D.C.

PROPHYLACTIC REGIMENS FOR DENTAL ORAL, RESPIRATORY TRACT, OR ESOPHAGEAL PROCEDURES

PROPHYLACTIC REGIMENS FOR DENTAL, ORAL, RESPIRATORY TRACT, OR ESOPHAGEAL PROCEDURES. [1,22,35-37]

SITUATION	AGENT	REGIMEN*
Standard general prophylaxis	Amoxicillin	Adults: 2.0 g; children: 50 mg/kg orally 1 hour before procedure
Unable to take oral medications	Ampicillin	Adults: 2.0 g intramuscularly (IM) or intravenously (IV); children: 50 mg/kg IM or IV within 30 minutes before procedure
Allergic to penicillin	Clindamycin OR Cephalexin† or cefadroxil† OR Azithromycin or clarithromycin	Adults: 600 mg; children: 20 mg/kg orally 1 hour before procedure Adults: 2.0 g; children: 50 mg/kg orally 1 hour before procedure Adults: 500 mg; children: 15 mg/kg orally 1 hour before procedure
Allergic to penicillin and unable to take oral medications	Clindamycin OR Cefazolin†	Adults: 600 mg; children: 20 mg/kg IV within 30 minutes before procedure Adults: 1.0 g; children: 25 mg/kg IM or IV within 30 minutes before procedure

* Total children's dose should not exceed adult dose

† Cephalosporins should not be used in individuals with immediate-type hypersensitivity reaction (urticaria, angioedema, or anaphylaxis) to penicillins

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Recommendations by the American Heart Association/JADA 8/97

CARDIAC CONDITIONS ASSOCIATED WITH ENDOCARDITIS

CARDIAC CONDITIONS ASSOCIATED WITH ENDOCARDITIS[2,22]

ENDOCARDITIS PROPHYLAXIS RECOMMENDED

High-risk category

- Prosthetic cardiac valves, including bioprosthetic and homograft valves
- Previous bacterial endocarditis
- Complex cyanotic congenital heart disease (e.g., single ventricle states, transposition of the great arteries, tetralogy of Fallot)
- Surgically constructed systemic pulmonary shunts or conduits

Moderate-risk category

- Most other congenital cardiac malformations (other than above and below)
- Acquired valvar dysfunction (e.g., rheumatic heart disease)
- Hypertrophic cardiomyopathy
- Mitral valve prolapse with valvar regurgitation and/or thickened leaflets*

ENDOCARDITIS PROPHYLAXIS NOT RECOMMENDED

Negligible-risk category
(no greater risk than the general population)

- Isolated secundum atrial septal defect
- Surgical repair of atrial septal defect, ventricular septal defect or patent ductus arteriosus (without residua beyond 6 mo.)
- Previous coronary artery bypass graft surgery
- Mitral valve prolapse without valvar regurgitation*
- Physiologic, functional or innocent heart murmurs*
- Previous Kawasaki disease without valvar dysfunction
- Previous rheumatic fever without valvar dysfunction
- Cardiac pacemakers (intravascular and epicardial) and implanted defibrillators

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Recommendations by the American Heart Association/JADA 8/97

DENTAL PROCEDURES AND ENDOCARDITIS PROPHYLAXIS

DENTAL PROCEDURES AND ENDOCARDITIS PROPHYLAXIS[22,24-26]

ENDOCARDITIS PROPHYLAXIS RECOMMENDED*
Dental extractions
Periodontal procedures including surgery, scaling and root planing, probing and recall maintenance
Dental implant placement and reimplantation of avulsed teeth
Endodontic (root canal) instrumentation or surgery only beyond the apex
Subgingival placement of antibiotic fibers or strips
Initial placement of orthodontic bands but not brackets
Intraligamentary local anesthetic injections
Prophylactic cleaning of teeth or implants where bleeding is anticipated
ENDOCARDITIS PROPHYLAXIS NOT RECOMMENDED
Restorative dentistry† (operative and prosthodontic) with or without retraction cord‡
Local anesthetic injections (nonintraligamentary)
Intracanal endodontic treatment; post placement and buildup
Placement of rubber dams
Postoperative suture removal
Placement of removable prosthodontic or orthodontic appliances
Taking of oral impressions
Fluoride treatments
Taking of oral radiographs
Orthodontic appliance adjustment
Shedding of primary teeth

* Prophylaxis is recommended for patients with high- and moderate-risk cardiac conditions.

† This includes restoration of decayed teeth (filling cavities) and replacement of missing teeth.

‡ Clinical judgment may indicate antibiotic use in selected circumstances that may create significant bleeding.

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Recommendations by the American Heart Association/JADA 8/97

EXTRA/INTRA ORAL EXAMINATION

The extra and intra oral examination is accomplished primarily by direct observation and palpation.

The following areas should be observed and examined during the intra-oral exam and any deviations or abnormalities should be noted.

1. Lips
   a. mucous membrane
   b. vermilion border
   c. frenum attachments

2. Cheeks (Buccal Mucosa)
   a. fornix vestibule
   b. pterygomandibular raphe
   c. parotid papillae

3. Maxillary Tuberosity

4. Retromolar Pads

5. Palate
   a. soft - uvula
   b. hard - palatine gingiva, incisive papilla, palatine raphe, palatine rugae

6. Oropharynx
   a. throat
   b. tonsillar area

7. Tongue
   a. dorsal surface
   b. ventral surface

8. Gingiva
   a. free
   b. attached

9. Floor of the Mouth
   a. lingual frenum
   b. salivary caruncle
   c. sublingual fold

10. Alveolar Mucosa

11. Teeth
   a. caries
   b. restorations
   c. missing
   d. occlusion
   e. mobility

12. Oral Hygiene
   a. plaque
   b. stain
   c. calculus

DETERMINATION OF THE CLASSIFICATION OF OCCLUSION

Molar and Canine Relationship: Wilkins p. 252-3.

TOOTH MOBILITY

Mobility Examination: Wilkins p. 223-4.

CLASSIFICATION OF PATIENT

Case evaluation is written using three numbers which represent supragingival calculus, readily detected subgingival calculus* and stain deposits. Case value: 1=light, 2=moderate, 3=heavey.
Freshmen dental hygiene students are not permitted to treat patients with a supra or sub reading
Of 3, these patients will be referred to senior students for comprehensive care.

CASE VALUE	CRITIERIA
3 = Heavy	Supragingival deposits on a minimum of 14 tooth surfaces, including two Posterior teeth. Subgingival deposits on a minimum of 14 tooth surfaces, including at least Four teeth. Stain on the cervical third of at least 12 tooth surfaces.
2=Moderate	Supragingival deposits on a minimum of 10tooth surfaces, including 2 Posterior teeth. Subgingival deposits on a minimum of 10 tooth surfaces, including two posterior teeth. Stain on the cervical third of at least 10 tooth surfaces.
1=Light	Any case that does not fall into one of above classifications.
0	No deposits or stain.

*** As defined by the NERB of Dental Examiners.**

RADIOGRAPHIC INTERPRETATION

1. RADIOLUCENT: A dark shadow on the film, due to the fact that the area being x-rayed is relatively thin (i.e. less dense), and allows passage of most of the x-rays through.
2. RADIOPAQUE: a light shadow on the film, due to the fact that the area being x-rayed is relatively dense, and allows very few x-rays to pass through. These are terms indicating relative degrees of densities, i.e., one area might be more radiolucent than another area which is also radiolucent.

ANATOMICAL LANDMARKS OF THE MAXILLA:

A. Median palatine suture or Premaxillary suture: a thin radiolucent line joining the two halves of the maxilla at the midline.
B. Anterior palatine foramen or Incisive canal foramen: forms an oval or elliptical radiolucent shape, found between or above the Max. central incisors.
C. Anterior nasal spine: "V"-shaped radiopacity which is seen in the inferior aspect of the nasal fossae. It is located above the incisive foramen, but may be superimposed on it.
D. Nasal septum: radiopaque line that separates the two nasal fossae.

E. Nasal cavity or fossa: bilateral radiolucencies in the incisor area. In radiograph of the cuspid area, the floor of the nasal cavity usually overlaps the radiolucency of the maxillary sinus to form an inverted "Y" shaped pattern.

F. Maxillary sinus or Antrum: an obvious radiolucency in the x-ray of the maxillary bicuspid and molar areas. It is outlined by white lines made of cortical bone which forms the floor of the sinus. The anterior boundary may extend to the cuspid root. Its floor lies above the apices of the teeth or may dip between the roots. It may also be divided into compartments by radiopaque lines representing bony septa.

G. Lateral fossa: in some individuals the bony depression in the labial cortical bone of the max. lateral incisor area is quite prominent. This produces an area of diminished density that should not be mistaken for pathology.

H. Maxillary tuberosity: radiopaque area forming the most posterior border of the maxillary arch.
I. Zygomatic process (malar) of the max. and zygomatic bone: the zygomatic process alppears as a "U" or "V" - shaped radiopacity overlying the max. molar roots or the max. sinus.

J. Coronoid process of the mandible: a radiopaque round or triangle shape, seen in the posterior maxillary film due to the fact that it extends so far above the occlusal plane of the mandible.
K. Hamular or pterygoid process of the spheboid bone: a faint radio-paque thin curved projection from the maxillary tuberosity.

ANATOMICAL LANDMARKS OF THE MANDIBLE:

A. Inferior boarder of the mandible: a well defined radiopaque margin usually seen in a film of the lower anterior central and incisor teeth.
B. Mental ridge or process: a bony prominence extending from the midline to the premolars. It is located on the labial side, and prominence may vary.
C. Lingual foramen: single radiolucent area located in the midline of the mandible.
D. Genoid tubercles: composed of 4 tubercles, (2 on either side of the midline), that form a radiopaque circular area around the lingual foramen.
E. Mental foramen: radiolucent circular area usually located below the distal to the apex of the 1st bicuspid. Sometimes the connection with the inferior dental canal can be seen on the x-ray.
F. Mandibular or inferior dental canal: a radiolucent structure coming from the mandibular foramen in the ramus to the mental foramen, where the canal turns upward and ends at the mental foramen. The inferior dental canal is bordered by slightly radiopaque margins, and it is located at varying sites between the inferior border of the mandible and the apices of the posterior teeth.
G. External oblique line: a radiopaque structure that corresponds to the anterior border of the ramus and descends to the area of the third molar.
H. Internal oblique line: a radiopaque structure that descends downward and forward from the coronoid process. It is located below the external oblique line, but it is not as prominent, and it runs in a more horizontal position. It may stop in the third molar area, or become continuous with the mylohyoid line.
I. Mylohyoid ridge: a radiopaque structure found below the external oblique line. It passes downward and forward from the ramus, and gradually fades in the alveolar process in the bicuspid area. It varies widely in prominence, length, and radiopacity.
J. Mental fossa: are slight depressions in the labial bone of the mandibular lateral incisors, appearing as areas of diminished radiopacity. They may be seen on one or both sides of the midline, and do not represent pathology.
K. Submaxillary gland fossa: (or submandibular fossa) an area of reduced thickness of the bone below the lower posterior teeth. It is caused by a depression on the lingual side of the mandible, and represents the position of the submaxillary gland.

MISCELLANEOUS STRUCTURES IN THE ORAL ROENTGENOGRAMS:

A. Nutrient canal: contain the blood vessels and nerves that supply the teeth, interdental spaces and gingiva. They appear as vertical radiolucent lines, most often seen in lower anterior films. They do not usually extend to the crest of the bony septa. Occasionally these canals can be seen in the wall of the maxillary sinues.
B. Lip line: appear in x-rays of the anterior teeth. The film may be affected so that the portion of teeth not covered by the lips, appear darker than the covered area.

ALVEOLAR PROCESS:

The maxilla and mandible are composed of 3 types of bone. The bulk is made of mature lamillar bone. The outer shell is made of a dense cortical plate, and therefore is seen radiographically as a dense radiopaque area as compared to the rest of the "inner" bone.

The lamellar bone tissue is arranged in the form of bone trabecuale. In the maxilla, the bone trabeculae are fine and arranged in a lace like pattern. In the mandible, the trabecuale are usually coarse and run in a horizontal patter. However, these patterns may vary greatly. In general, the alveolar bone gives a grayish mesh-like appearance, with the maxilla appearing as a finer mesh.

Lamina dura: is the border of bone surrounding the periodontal ligament, and acts as the "attachment" for the ligaments. Radiographically it appears as a definite radiopaque line running around the root of the tooth. The thickness of this line may vary within the same mouth around one or different teeth, and at different times in life. Changes in the lamina dura play an important role in the diagnosis of certain pathologic conditions.

Alveolar crest: found interproximally, it forms a continuous line with the lamina dura, but it is actually the edge of the alveolar bone.

Periodontal membrane: a radiolucent space which contains the periodontal ligaments from the lamina dura to the root surface.

STEPS TO BE FOLLOWED IN TAKING RADIOGRAPHS

A. Before Patient Arrives:
   1. Sterilize film holders
   2. Sanitize unit and counter top with disinfectant and place cover on headrest. Drape tubehead and PID and cover exposure button and doorknob with clear plastic wrap. Use clean removable barriers to protect all irregular surfaces.
   3. Get film packets, bitewing tabs and cotton rolls.
   4. Place unexposed films on clean bracket tray cover outside exposure room. All other supplies may remain on bracket tray cover in exposure room. NO FILMS ARE EVER TO BE STORED IN STUDENT'S POCKETS.
   5. Operator should wear film badge.

B. After Patient Arrives:
   1. Seat patient and drape with lead apron, bib and cervical collar.
   2. Remove dentures, eyeglasses and large earrings.
   3. Adjust headrest so that arch to be radiographed is parallel to floor.
   4. Turn on x-ray machine and adjust KVP, MA and timer controls.
   5. Operator – wash hands and put clean gloves on.
   6. Gently place film in mouth, using suggestions for handling gaggers.
   7. Stabilize film.
   8. Adjust x-ray tube head and PID for proper vertical and horizontal angulation.
   9. Direct central ray towards center of film.
   10. Step outside room, close door and observe patient through lead glass window.
   11. Press exposure button firmly.
   12. Only (1) one film is to be exposed in each area. **NO RETAKES ARE PERMITTED UNLESS APPROVED AND PERSONALLY SUPERVISED BY INSTRUCTOR.**

C. After Exposing Radiographs
1. Remove contaminated gloves, wash hands and dismiss patient.
2. Remove barrier coverings, sanitize unit, counters, doorknob and exposure button.
3. Complete "Treatment Rendered Form" and obtain instructor's initials.
4. Place lead apron on hanger provided: **DO NOT FOLD.**
5. Process radiographs in manual or automatic processor with clean gloved hands.

INSTRUMENT USE

The student's instrument technique will be judged acceptable if the following behavior is observed:

Sharpness: Instrument's should be sharp for effective scaling and root planing. Stones must be readily available.

Selection: Student should select the best instrument dependent on the amount and location of calculus.

Grasp and Fulcrum: Student should use a modified pen grasp and a fulcrum as close to the working area as possible; specifically, as instructed in pre-clinic.

Adaptation And Angulation: Student should adapt and angulate instruments specifically as instructed in pre-clinic.

Activation: Student should activate instrument specifically as instructed in pre-clinic.

Tissue Protection: Student should utilize instrumentation technique that protects tissue from laceration.

INSTRUMENT BREAKAGE

1. Do not allow patient to rinse, swallow or empty mouth.
2. Stop all treatment.
3. Keep calm and do not alarm the patient.
4. Call an instructor. Do not leave the patient.
5. Examine area of operation.
6. Ask patient to rinse into a paper cup.
7. Examine gingival sulcus with a curet, use a spoon-like stroke.
8. Take periapical and bite-wing x-ray to determine if tip is still in the tissue.

USE OF THE CAVITRON

1. Students are encouraged to use cavitron once successfully completing Den 5329 Lecture/Laboratory Session.
2. Cavitron is used on patients with moderate to heavy calculus deposits.
3. Following all infection control procedures, set up the cavitron.
   a. Plug unit in.
   b. Attach water line to connector on unit.
   c. Turn on Cavitron.
   d. Set the "power adjustment knob" on high.
   e. Adjust Cavitron water control knob.
   f. Place tip in handpiece and bleed. Tune. As you place a different tip in the handpiece, it must be bled and tuned each time.
   g. Make sure the nozzle for spraying the water is adjusted so that the water hits the tip in the correct place.
4. Preparing the patient
   a. Explain the action of the Cavitron.
   b. Cover the patient with protective patient drape and eyewear.
   c. Always use a saliva ejector.
   d. Change flow of water and power adjustment to suit comfort of patient.
   e. Adjust the chair as instructed.
5. Operation
   a. Place insert tip in patient's mouth and step on foot control to activate the handpiece and water flow.
   b. Bring the tip <u>lightly</u> against the tooth and gently move over the tooth surface, using no more pressure than is necessary to guide it.
   c. The instrument must be applied in a continuous wet field. Keep the tip moving <u>constantly</u>, at an angle of approximately 15°, exerting no more than the lightest pressure required to guide the instrument. The instrument must be in <u>contact</u> with the tooth surface. The instrument does the work - you just guide it.
6. Time
   a. The Cavitron has limitation. An inexperienced operator can waste time with the Cavitron.
   b. What you cannot remove in 10 minutes in a quadrant you will not be able to remove in 15, 20, 30 minutes.
   c. You should not spend more than 45 minutes working with the Cavitron.
   d. You <u>must</u> follow any work with the Cavitron using your hand instruments.
7. Record the use of the Cavitron on patient's chart.

USE OF ORAL IRRIGATION SYSTEM

The Viadent Delivery System is used according to manufacturer's directions. (Refer to Product Binder located in the clinic.)

Additional reference: Wilkins p. 361-4.

USE OF THE PROPHY-JET

The Prophy-jet Airpolishing devise is used according to the manufacturer's directions. (Refer to Product Binder located in the clinic.)

Precautions

If the following techniques and procedures Are used. You will be able to remove heavy, tenacious stain with good patient comfort.

Use a saliva ejector

Cup rather than retract the patient's lips.

Use your hand as a shield for the maxillary anterior region

Maintain a 4-5 mm. tip to tooth distance.

Normally, an angulation of 60° on anteriors to 80° for posteriors is recommended with the tip aimed toward the gingiva but not in the sulcus. The tip is held at 90° when used on occlusal surfaces.

Contraindications

Use of Prophy-Jet on highly polished metal restorations will leave a matte finish.

Avoid use of the Prophy-Jet on cementum or dentin

Avoid use of the Prophy-Jet on soft tissue

Never direct the tip into the sulcus

The patient's physician should be consulted before using the unit on patients on a restricted sodium diet or having a severe respiratory illness.

Have patients remove any contact lenses before using the unit

POLISHING PROCEDURES

Extrinsic Stain Removal: Schoen & Dean p. 136-7.

USE OF THE PORTE POLISHER

1. Patient and operator position depends on the area of operation.
2. Grasp: The modified pen grasp is used in all sextants except for the facial aspect of the maxillary anterior teeth. The palm grasp is used on the maxillary anterior teeth facial aspect.
3. Activation: The modified pen grasp requires arm and wrist motion, the palm grasp requires finger motion.
4. Stroke direction: In the posterior sextants, the stroke is oblique or circumferential. In the anterior sextants, the stroke is vertical. In the gingival third of all teeth, the stroke is circular and 1/6 inch to 1/8 inch in diameter.

- Use oblique or horizontal strokes on posterior teeth
- Use vertical strokes on anterior teeth
- Use circular strokes on the gingival third of anterior and posterior teeth

GENERAL TECHNIQUE

1. Use slow, controlled strokes with firm pressure.
2. Vary the pressure accordingly to the tenacity of the stain.
3. Apply increased pressure on strokes away from the gingiva and light pressure on strokes toward the gingiva. Be careful not to traumatize the gingival margin with your strokes.
4. Change the wood points frequently, they should be smooth and free of splinters.
5. Change the wood points if you use more than one polishing agent (to prevent mixing of abrasives)

Avoid establishing a fulcrum on mobile teeth

TOPICAL FLUORIDE APPLICATION

Topical Fluoride: Wilkins p. 445-9.

PIT AND FISSURE SEALANT APPLICATION

The placement of pit and fissure sealants is performed according to manufacturer's recommendations.

Additional reference: Wilkins p.463-6.

DESENSITIZATION OF TEETH

1. Determine which tooth or teeth require desensitization.
2. Examine teeth to insure that all deposits, stain and plaque have been removed from root surfaces.
3. Isolate teeth with cotton rolls and dry thoroughly with cotton gauze, pellets, rolls or warm air. Use a saliva ejector to maintain a dry field.
4. Warn the patient that he may experience sensitivity when the agent is applied. Begin with a single tooth. If it is very sensitive, have the teeth anesthetized with local anesthetic before proceeding.
5. Apply the solutions according to the manufacturer's recommendations.

ROOT PLANING

Subgingival Instrumentation: Wilkins p. 513-6.

NUTRITION EDUCATION

1. Establish good rapport and communication with the patient.

2. Inform the patient that you will be providing them with nutritional information as well as a plan to improve their nutritional status.

3. Attain the cooperation of the patient in the endeavor you will begin.

4. Gather some vital information on the patient regarding their nutritional status:
   a. Age
   b. Sex
   c. Height
   d. Weight
   e. Signs of any nutritional deficiencies
   f. Specific problems that they indicate they are concerned about
   g. Social, emotional, physical and economic factors contributing to the problem.

5. Ask the patient to complete the diet history and explain the purpose of this to them.

6. Analyze patient's diet history and other data gathered.

7. Write up a summary of the all problems you see and select a problem.

8. Gain the patient's cooperation to work on this problem.

9. Devise a plan of action to rectify the problem.

10. Implement the plan of action.

11. Reevaluate the plan to see if it's being followed and is successful.

PHASE MICROSCOPE

The use of the phase-contrast microscope is described in the manufacturer's operation manual. (Refer to the Product Binder located in the clinic.)

MICROBIAL AND CLINICAL CLASSIFICATION OF PERIODONTAL DISEASE

CLASS 0 – HEALTH: A state of health denotes no clinical signs of inflammation or infection and exhibits visual signs of health gingival tissues. Microscopically, plaque samples (which should be difficult to locate) will exhibit almost no motile bacterial forms. The coccoidal forms will be more dominant baut not significant. Almost no white blood cells (WBCs) are noted.

CLASS 1 – GINGIVITIS: This is clinically characterized by gingival hyperplasia, edema, retractability, gingival pocket formation and no bone loss. Inflammatory response can be acute or chronic. Microscopic samples can show the widest variety of bacteiral populations ranging from a few motile rods (marginal gingivitis) to organized activity. No bone loss should be noted.

CLASS 2 – EARLY PERIODONTITIS: The infection has progressed into the alveolar crest and crestal bone loss may be evident. The acute forms could be ANUG and the very chronic forms would not exhibit striking clinical signs. Moderate pocket formation may be noted. Microscopically, the acute forms would exhibit larger numbers of motile rods and spirochetes. In more chronic infections the bacterial populations are mostly low numbers of small spirochetes, cytophaga (arm clocks), spinning rods, spiraling rods and a few gliding rods. Moderate numbers of WBCs are noted.

CLASS 3 – MODERATE PERIODONTITIS: Horizontal bone loss may be evident and moderate to deep pockets may be noted. The infectionis more often of a chronic nature, although bleeding may be easily demonstrated. Generally the microscopic picture shows gliding rods and/or spirochetes (especially the larger ones) in a too-numerous-to-count category. The whole microscopic field appears to be in motion. WBCs may be too-numerous-to-count.

CLASS 4 – SEVERE PERIODONTITIS: Severe destruction of the periodontium may be noted. Deep pockets and tooth mobility are often noted. Infection is evident and severe angular bone loss may be seen. The bacterial patterns show organization of the spirochetes and the gliding rods. The spirochetes will be lined side by side moving in a rhythmic fashion, creating a wave-like appearance. The gliding rods will palisade and can give the same waving motion. Trichomonads and amoebae are seen. Banks of WBCs are seen on the periphery of the bacterial section.

INTRA ORAL CAMERA

The use of the intra oral camera is described in the manufacturer's operating manual. (Refer to the Product Binder located in the clinic.)

RADIOGRAPHIC EQUIPMENT

The use of the radiographic equipment is described in the manufacturer's operating manual. (Refer to the Product Binder located in the clinic.)

THE USE OF THE AUTOCLAVE

The use of the autoclave is described in the manufacturer's operating manual. (Refer to the Product Binder located in the clinic.)

SECTION IV:
Reference List

Reference Texts

Wilkins, Esther, Clinical Practice of the Dental Hygienist, 7th edition, Lea and Febiger, Philadelphia, 1994.

Schoen D. and M.C. Dean, Contemporary Periodontal Instrumentation, 1st edition, W.B. Saunders Co., 1996.

SECTION V:
Clinic Forms

Clinic Forms

1. The adult initial assessment pack contains the following forms:
    - Medical History/Vital Signs Form
    - Patient Consent Form
    - Dental History Form
    - Extraoral & Intraoral Examination/Occlusion Form
2. Spanish Adult Initial Assessment Pack
3. Child's Initial Assessment Pack
4. Recall Patient Medical History Update Form
5. Patient Medical Clearance Form
6. Student Medical Clearance Form
7. Pre-medication Record Form
8. PDR Search Form
9. Local Anesthetic Assessment Form
10. Patient Request for Radiographs
11. Radiographic Evaluation Forms, includes:
    - Panoramic Evaluation Form
    - Bisecting Technique Evaluation Form
    - Paralleling Technique Evaluation Form
    - Mandibular Occlusal Evaluation Form
    - Maxillary Occlusal Evaluation Form
12. Forwarding of Radiographs Form
13. Cover letter for Released Radiographs
14. Charting Symbols Form
15. Hard Tissue Charting Form
16. Gingival Assessment Form (Den 5310)
17. Gingival Assessment Form (Den5212/14)
18. Calculus Detection Form
19. Periodontal Probing Form

20. Periodontal Case Evaluation Form
21. Periodontal Case Study Form
22. Microanalysis Form
23. Nutrition Education Forms
24. Treatment Plan Form
25. Student's Clinical Risk Behavior Form
26. Incident Record Form
27. Emergency Report Form
28. Patient Release Form
29. Grading Form (Den 5310)
30. Scaling and Polishing Report Form (Den5310)
31. Grading Sheet & Scaling Report Form (Den5312/4)
32. KUDOS Form (Den 5314)
33. Evaluation of Student's Clinical Skills Form (Den 5312/14)
34. Professional Behavior Log (Den5312/14)
35. Daily Clinic Log Form
36. Clinical Assignment Sheet
37. Confirmation of Dental Hygiene Visit Form
38. Patient Referral Form

Hostos Community College
Dental Hygiene Department
Medical History

Name_____**Date**_____**Telephone #.(__)**_____
Address_____
Date of Birth_____**Sex**_____**Height**_____**Weight**_____
Occupation _____**Telephone #.(__)**_____
Business Address _____**Hours at Work**_____
Closest Relative_____**Telephone #.(__)**_____

I have been informed that I will receive preventive dental hygiene services, cleaning of my teeth and or dental x-rays and fluoride treatment if needed, I know that Hostos Community College is a teaching institution and that the ability to provide me with quality care is dependent on my ability to keep all appointments. If I am unable to keep an appointment I will call the clinic in advance. I understand that I can be dismissed as a patient if I do not keep this agreement.

Patient
Signature_____ **Date**_____

1. Are you in good health? _____ Yes____ No ____
   a. Has there been any change in your general health within the past three years?
   _____ Yes____ No ____

2. Date of your last physical exam _____

3. Are you now under the care of a physician? _____ Yes____ No ____
   If yes what reason _____
   _____

4. The Name, Address and Telephone number of physician is:
   _____

5. Have you had any serious illness or operation?_____ Yes____ No ____
   a. If yes what was the illness or operation _____

6. Have you been hospitalized or had a serious illness within the past five (5) years?
   Yes____ No ____
   a. If yes what was the problem ____ _____

7. Do you have or have had any of the following diseases or problems?
   a. Rheumatic fever or Rheumatic heart disease_____ Yes____ No____
   b. Congenital heart lesions (murmur, valve problem)_____ Yes____ No____
   c. Cardiovascular disease (heart trouble, heart attack, coronary insufficiency coronary occlusion, high blood pressure, stroke, arteriosclerosis, pacemaker)
   _____ Yes____ No____

1. Do you have pain in your chest upon exertion?_____ Yes____No____
2. Are you ever short of breath after mild exercise?_____ Yes____No____
3. Do your ankles swell?_____ Yes____No____
4. Do you get short of breath when you lie down or require extra pillows _____ Yes____No____

d. Artificial joints_____ Yes____No____
e. Allergy_____ Yes____No____
f. Asthma or hay fever_____ Yes____No____
g. Hives or a skin rash_____ Yes____No____
h. Allergic response from latex gloves_____ Yes____No____
i. Diabetes_____ Yes____No____
   1. Do you have to urinate more than 6 times a day?____ Yes____No____
   2. Are you thirsty much of the time?_____ Yes____No____
   3. Does your mouth frequently become dry?_____ Yes____No____
j. Hepatitis, jaundice or liver disease?_____ Yes____No____
k. Inflammatory rheumatism (painful swollen joints)?___ Yes____No____
l. Arthritis_____ Yes____No____
m. Stomach ulcer_____ Yes____No____
n. Kidney trouble (stones, dialysis)_____ Yes____No____
o. Tuberculosis (respiratory disease)_____ Yes____No____
p. Do you have persistent cough or cough up blood?____ Yes____No____
q. Low blood pressure_____ Yes____No____
r. Venereal Disease_____ Yes____No____
s. HIV infection_____ Yes____No____
   AIDS_____ Yes____No____
   1. Chronic diarrhea_____ Yes____No____
   2. Chronic fever_____ Yes____No____
t. Herpes Simplex infection_____ Yes____No____
u. Other_____

8. Do you have any blood disorders such as anemia Yes____No____
9. Have you had abnormal bleeding associated with previous extractions, surgery or trauma. Yes____No____
   a. Do you bruise easily?_____ Yes____No____
   b. Have you ever required a blood transfusion_____ Yes____No____
10. Have you had surgery or x-ray treatment for a tumor, growth or other condition of the mouth or lips?_____ Yes____No____
11. Have you ever received chemotherapy_____ Yes____No____
12. Are you taking any drug or medicine?_____ Yes____No____
13. Do you have a history of alcohol or drug abuse?_____ Yes____No____
14. Are you taking any of the following?
   a. antibiotic or sulfur drugs_____ Yes____No____
   b. anticoagulants (blood thinners)_____ Yes____No____
   c. medicine for high blood pressure_____ Yes____No____
   d. cortisone (steroids) or other hormones_____ Yes____No____
   e. tranquilizers_____ Yes____No____
   f. aspirin_____ Yes____No____

g. insulin, tolbutamide (Orinase) or similar drug_____ Yes____No____
h. digitalis or drugs for heart trouble_____ Yes____No____
i. nitroglycerin_____ Yes____No____
j. anti-depressants_____ Yes____No____
k. Other_____ Yes____No____

15. Are you allergic or have you reacted adversely to:
a. local anesthetics_____ Yes____No____
b. penicillin or other antibiotics_____ Yes____No____
c. sulfur drugs_____ Yes____No____
d. barbiturates, sedatives, or sleeping pills_____ Yes____No____
e. aspirin_____ Yes____No____
f. iodine_____ Yes____No____
g. Other_____ Yes____No____

16. Have you had any serious trouble associated with any previous dental treatment? Yes____No____
If yes please explain_____
17. Do you wear contact lens?_____ Yes____No____
18. Do you have glaucoma?_____ Yes____No____
19. Do you have any disease, condition or problem not listed above?Yes____ No____
If yes please explain_____
20. Does your occupation or do your social activities place you at risk of infection with any of the following?

Hepatitis	Yes___No___	Venereal Disease	Yes____No____
AIDS	Yes___No___	Tuberculosis	Yes____No____
Other Contagious Infection_____			

Women

21. Are you pregnant or trying to get pregnant?_____ Yes____No____
22. Are you taking birth control pills?_____ Yes____No____
23. Do you have any problems associated with your menstrual cycle Yes____No____

Signature of Patient_____ Date_____
Signature of Dental Hygiene Student_____ Date_____

Vital Signs:

Date: _____
Temperature: _____
Respiration: _____
Pulse: _____
Est. Systolic: _____
Actual B.P.: _____
Student signature: _____
Case Evaluation: _____
Instructor Signature: _____

Recall Date: _____
Temperature: _____
Respiration: _____
Pulse: _____
Est. Systolic: _____
Actual B.P.: _____
Student signature: _____
Case Evaluation: _____
Instructor Signature: _____

Hostos Community College
Dental Hygiene Department

Patient Consent Form

Name: _____

Address: _____

The Dental Hygiene Clinic at Hostos Community College, 475 Grand Concourse, Bronx New York, is a teaching facility that adheres to the most current aseptic technique in providing the necessary experience to prepare students for the practice of Dental Hygiene. All treatment is provided by students under the faculty supervision of licensed dentists and dental hygienists. Patients in need of evaluation, diagnosis and further treatment will be referred to their own dentist.

It is sometimes desirable to photograph, record, copy or publish treatment procedures for educational or research purposes. It is understood that the patient involved is not to be identified by name. When a minor patient is being treated at Hostos Dental Hygiene Clinic it is imperative that a parent/legal aged guardian accompany the child and remain in the reception room during all procedures.

Treatment at Hostos Dental Hygiene Clinic consist of:

- Thorough Medical and Dental history
- Vital sign recordings (temperature, respiration, pulse, blood pressure)
- Patient Dental Health education
- Oral Inspection
- Gingival Assessment
- Periodontal Charting (when indicated)
- Hard Tissue Charting (when indicated)
- Oral Prophylaxis (cleaning)
- Oral Radiographs (when indicated)
- Application of Decay Preventing Agents (when indicated)
- Nutritional Assessment (when indicated)

I the above named patient have read the above information and understand it. Therefore, I agree to be treated at the Hostos Dental Hygiene Clinic.
Patient's
Signature_____Date_____

I have given the above named patient this form and he/she has read it and informed me that he/she understands its content before signing this form in front of me.
Student's
Signature_____Date_____

Revised apm/cc/97

Hostos Community College
Dental Hygiene Department
Dental History

Patient Name_____Date_____
Dentist Name_____Address_____
Telephone( )_____ Date of last examination_____
Treatment received at last visit_____
Date of last x-rays_____
Date of last cleaning_____

Type of toothbrush: Soft__Med__Hard__Nylon__Natural__
Brushing Frequent__Type of Dentrifice_____Flossing_____Type_____

Oral Habits:
smoking__amount__type__filtered__unfiltered__cigar__pipe__cigarette__thumb/finger
sucking__ which digit__
nailbiting__
tongue thrusting__
grinding__
clenching__
bruxism__
cheek biting__
mouthbreathing__
speech impairment__
other__

Sensitive to:
heat_____tooth#_____
cold_____tooth#_____
sweet_____tooth#_____
pressure_____tooth#_____
other_____

Miscellaneous Comments
_____
_____
_____

EXTRAORAL AND INTRAORAL EXAMINATION

Patient Name: _____ Date: _____

Area of Inspection	WNL	Significant Findings
1 Overall Appraisal of Patient		
2 Head		
3 Face		
4 skin		
5 Eyes		
6 Nodes:		
a pre and post auricular		
b occipital		
c submental/submaxillary		
d cervical chain		
e supraclavical		
7 Tempromandibular joint		
8 Thyroid Gland		
9 Lips		
10 Breath Odor/Oral Hygiene		
11 Labial and Buccal Mucosa:		
a vestibule		
b mucobuccal folds		
c frena		
d Stenson's duct		
e cheeks		
12 Retromolar Area/Maxillary Tuberosity		
13 Tongue:		
a dorsal surface		
b lateral borders		
c base of tongue		
14 Floor of Mouth:		
a ventral surface		
b duct openings		
c mucosa, frena		
d tongue action		
15 Saliva		
16 Hard Palate		
17 Soft Palate/Uvula		
18 Tonsilar Region/Throat		

Classification of Occlusion and Other Findings:

Relationship used: **First Molar ____ Canine _____**

Unilateral		Bilateral	Tendency towards	
Right	Left		Right	Left

Class I
Class II
Class II div 1
Class II div 2
Class III

Facial Profile:
mesiognathic _____
retrognathic _____
prognathic _____

Indicate if the following is present in Mouth with location
___ openbite
___ overbite
___ overjet
___ crossbite
___ edge to edge

Indicate if the following is present in Mouth with location
___ Full denture
___ Part. Denture
___ Ortho. Bands
___ Wire ligation
___ Fixed Bridge

Indicateif the following is present in Mouth with location
___ abrasion
___ erosion
___ attrition

Colegio Communal de Eugenio Maria de Hostos
Unidad De Higiene Dental
Historial Medico

Nombre: _____

Direccion: _____

Telefono: _____

Fecha de Nacimiento: _____ Sexo: M _____ F _____ Altura: _____ Peso: _____

Ocupacion: _____

Direccion de Ocupacion: _____

Pariente mas cercano: _____

Yo estoy informado que voy a recibir servicio preventivo de higiene dental (limpieza dental, y/o radiografias y tratamiento de fluoruro). Yo se que Hostos es un colegio de enseñaza y que la habilidad para proveer tratamiento de calidad depende si yo asisto a todas las citas. En caso que no pueda asistir a una cita, llamare por adelantado. Entiendo que puedo ser despedido como paciente si no matengo este pacto.

Firma _____ Fecha _____

1. Estas en buena salud? Si _____ No _____
   a. A habido algun cambio en su salud entre los ultimos tres anos? Si _____ No _____
2. Fecha de su ultimo examen fisico. _____
3. Esta bajo tratamiento medico? Si _____ No _____
4. Nombre, dirección y telefono de su medico _____
   _____
5. Has tenido alguna operacion o enfermedad seria? Si _____ No _____
   a. Si has tenido, que operacion or enfermedad? _____
6. Has estado hospitalizado en los ultimos cinco anos? Si _____ No _____
   Cual fue el motivo? _____
7. Has tenido algunad de las siguente enfermedad o problemas?
   a. Fiebre reumatica o infermedad del corazon reumatica Si _____ No _____
   b. Lesion del corazon congenito (problemas de valvula, murmullo) Si _____ No _____
   c. Enfermedad cardiovascular (ataque de corazon, problemas del corazon occlusion coronaria, alta presion, desrrame celebrar, arteriosclerosis, marcapaso Si _____ No _____
      1. Le da dolor en el pecho cuando se agita? Si _____ No _____
      2. Estas corto de aire cuando hace poco ejercicio? Si _____ No _____
      3. Se la hinchan los pies? Si _____ No _____
      4. Estas corto de aire cuando estas acostado o necesitas varias almohadas para dormir? Si _____ No _____
   d. Tienes conyunturas artificial? Si _____ No _____
   e. Alergias? Si _____ No _____
   f. Asma o alergia al polen? Si _____ No _____
   g. Ronchas en la piel? Si _____ No _____
   h. Diabetes? Si _____ No _____
      1. Orinas mas de sies veces al dia or frequentemente? Si _____ No _____
      2. Le da mucha sed? Si _____ No _____
      3. Se le seca la boca frequentemente? Si _____ No _____

i. Hepatitis, ictericia, o enfermedad del higado Si ____ No ____
j. Reumatismo inflamatorio (conyunturas hinchadas y inflamada) Si ____ No ____
k. Artritis Si ____ No ____
l. Ulceras en el estomago Si ____ No ____
m. Problemas con los rinones Si ____ No ____
n. Tuberculosis (enfermedad del aparato respiratorio) Si ____ No ____
o. Tienes una tos persistente o escupes sangre? Si ____ No ____
p. Presion de sangre baja Si ____ No ____
q. Enfermedad venerea Si ____ No ____
r. SIDA Si ____ No ____
1. Diarrea Chronica Si ____ No ____
2. Fiebre Chronica Si ____ No ____
s. Herpes Si ____ No ____
1. Lesiones o ulceras en la boca Si ____ No ____

8. Tienes alguna enfermedad de la sangre como anemia? Si ____ No ____
9. Has sangrado abnormalmente despues de una extraccion cirugia o accidente? Si ____ No ____
a. Tienes contusiones en la piel o le dan facilmente? Si ____ No ____
b. Has necesitado tranfusion de sangre alguna vez? Si ____ No ____
10. Has tenido cirugia o tratamientos de radiacion para tumores, o condiciones en la boca o labios? Si ____ No ____
11. Has recibido quimoterapia? Si ____ No ____
12. Estas tomando alguna medicina? Si ____ No ____
Que medicina? _____
13. Tienes historia de problemas con alcoholismo o abuso de drogas? Si ____ No ____
14. Estas tomando las siguentes medicina? Si ____ No ____
a. Antibioticos or sulfanilamidos? Si ____ No ____
b. Anticoagulantes (drogas para sangre fina) Si ____ No ____
c. Medicina para alta presion Si ____ No ____
d. Cortisonas Si ____ No ____
e. Tranquilizadores Si ____ No ____
f. Aspirina Si ____ No ____
g. Insulina, tolbutamide (Orinase) Si ____ No ____
h. Digitalis o medicina para el corazon Si ____ No ____
i. Nitroglycerina Si ____ No ____
j. Anti-depresivos Si ____ No ____
k. Otras Si ____ No ____
15. Es alergico o has tenido alguna reacion a?
a. Anestesia local Si ____ No ____
b. Penicilina o otro anti bioticos Si ____ No ____
c. Sulfanilamidos Si ____ No ____
d. Barbituricos o pildoras para dormir Si ____ No ____
e. Aspirina Si ____ No ____
f. Yodo Si ____ No ____
g. Otras drogas Si ____ No ____
16. Has tenido problemas serios con algun tratamiento dental? Si ____ No ____
Si la respuesta es si explique _____
17. Usas lente de contacto? Si ____ No ____
18. Tienes glaucoma? Si ____ No ____
19. Tienes alguna enfermedad o condicon que no esta en la lista? Si ____ No ____
Si la respuesta es si explique _____

20. Es su ocupacion o su actividad social un riesgo para las siguente enfermedades?

Hepatitis	Si _____No _____
SIDA	Si _____No _____
Enermedad venerea	Si _____No _____
Tuberculosis	Si _____No _____
Otras infecciones contagiosas	Si _____No _____

MUJERES

21. Estas embaraza?	Si _____No _____
22. Estas tomando pildoras para el control de la natalida?	Si _____No _____
23. Tienes algun problema con su menstraucion?	Si _____No _____

Firma del Paciente _____ fecha _____

Firma del Estudiante de Higiene Dental _____ fecha _____

Eugenio Maria De Hostos Community College
Of the City University of New York

475 Grand Concourse, Bronx, New York, 10451
(718)518-4230

Nombre del Paciente: _____
Numero del Seguro Social _____
Fecha: _____

La clinica de Higiene Dental del Colegio Communal Hostos, esta localizada en el #475 de Grand Concourse, Bronx, Nueva York. Como centro de ensenaza, se cine a las mas recientes tecnicas de asepsia a la vez que provee la experiencia necesaria que prepara a los estudiantes para la practica de la Higiene Dental. Todos los tratamientos son provistos por los estudiantes, bajo la supervision de los Dentistas e Higienistas Licenciados Miembros de la Facultad.

El tratamiento en la clinica de higiene dental Hostos consiste de:
____ Historial medico dental.
____ Toma de los signos vitales (temperatura, respiracion, pulso, presion arterial).
____ Educacion al paciente
____ Examen oral.
____ Evaluacion de las encias.
____ Grafica periodental (cuando asi se indique).
____ Grafica de Endurecimiento de Tejido (cuando se indique).
____ Profilaxia oral (limpieza)
____ Radiografias orales (cuando se indique)
____ Aplicacion de agentes preventivos de caries (cuando se indque)
____ Evaluacion nutricional (si se indica)

Los pacientes acuerdan estar disponibles en por los menos dos sesiones completas de tres horas cada sesion semanal.

Los pacientes acuerdan que informaran a los estudiantes de higiene Dental o a los miembros de la facultad acerca de cualquier informacion especial relativa a su salud mental o fisica que sea relevante al tratamiento - recibir en la Clinica de Higiene Dental Hostos.

Firma del Paciente _____ fecha _____

Le he entregado este formulario a el/la paciente que lo subscribe y el/ella lo ha leido y me ha informado que he entiendo su conteniido a cabalidad antes de haberlo firmado en mi presencia.

Firma del Estudiante de Higiene Dental _____ fecha _____

Hostos Community College
Dental Hygiene Department
Dental History

Patient Name_____Date_____
Dentist Name_____Address_____
Telephone( )_____ Date of last examination_____
Treatment received at last visit_____
Date of last x-rays_____
Date of last cleaning_____

Type of toothbrush: Soft__Med__Hard__Nylon__Natural__
Brushing Frequent__Type of Dentrifice_____Flossing_____Type_____

Oral Habits:
smoking__amount__type__filtered__unfiltered__cigar__pipe__cigarette__thumb/finger
sucking__ which digit__
nailbiting__
tongue thrusting__
grinding__
clenching__
bruxism__
cheek biting__
mouthbreathing__
speech impairment__
other__

Sensitive to:
heat_____tooth#_____
cold_____tooth#_____
sweet_____tooth#_____
pressure_____tooth#_____
other_____

Miscellaneous Comments
_____
_____
_____

EXTRAORAL AND INTRAORAL EXAMINATION

Patient Name: _____ Date: _____

Area of Inspection	WNL	Significant Findings
1 Overall Appraisal of Patient		
2 Head		
3 Face		
4 skin		
5 Eyes		
6 Nodes:		
a pre and post auricular		
b occipital		
c submental/submaxillary		
d cervical chain		
e supraclavical		
7 Tempromandibular joint		
8 Thyroid Gland		
9 Lips		
10 Breath Odor/Oral Hygiene		
11 Labial and Buccal Mucosa:		
a vestibule		
b mucobuccal folds		
c frena		
d Stenson's duct		
e cheeks		
12 Retromolar Area/Maxillary Tuberosity		
13 Tongue:		
a dorsal surface		
b lateral borders		
c base of tongue		
14 Floor of Mouth:		
a ventral surface		
b duct openings		
c mucosa, frena		
d tongue action		
15 Saliva		
16 Hard Palate		
17 Soft Palate/Uvula		
18 Tonsilar Region/Throat		

Classification of Occlusion and Other Findings:

Relationship used: **First Molar ____ Canine _____**

	Unilateral		Bilateral	Tendency towards	
	Right	Left		Right	Left
Class I					
Class II					
Class II div 1					
Class II div 2					
Class III					

Facial Profile:
mesiognathic _____
retrognathic _____
prognathic _____

Indicate if the following is present in Mouth with location
___ openbite
___ overbite
___ overjet
___ crossbite
___ edge to edge

Indicate if the following is present in Mouth with location
___ Full denture
___ Part. Denture
___ Ortho. Bands
___ Wire ligation
___ Fixed Bridge

Indicateif the following is present in Mouth with location
___ abrasion
___ erosion
___ attrition

Hostos Community College
Dental Hygiene Department
475 Grand Concourse
Bronx, New York 10451
(718) 518-4230

Date: _____
Child's Name: _____
Date of Birth: _____ _____ **male** _____ **female**
Street Address: _____
City _____ **State** _____ **Zip** _____
Father's Name: _____
Mother's Name: _____

Pertinent Health History: _____
_____

Child's Physician _____ Phone _____
Address: _____
Date of Last Exam: _____

Indicate Yes or No for the following:

1. Is the child currently under the care of a Physician: Yes ____ No ____
   If yes indicate the condition _____
2. Is the child receiving any mediation or drugs? Yes ____ No ____
   If yes indicate medications or drugs and reasons for taking _____
3. Is there any excessive bleeding when child is cut? Yes ____ No ____
4. Has child ever been hospitalized? Yes ____ No ____
   When? _____ Why? _____
5. Has child ever had surgery? Yes ____ No ____
   When? _____ Why? _____
6. Is there any allergy to penicillin or other drugs? Yes ____ No ____
7. Are there other allergies: food, pollen, animals, dust other? Yes ____ No ____
   Describe: _____
8. Does the child have good physical coordination? Yes ____ No ____
9. Are there any emotional problems that you are aware of or that the child is being treated for? Yes ____ No ____
   Describe: _____

Indicate Yes or No if the child has history of any of the following:

___Anemia	___Herpes	___Kidney
___High Blood Pressure	___Convulsions	___Liver
___Asthma	___Diabetes	___Malignancies
___Bladder	___Epilepsy	___Rheumatic Fever
___Cerebral Palsy	___Fainting	___Hepatitis
___Chicken Pox	___Respiratory Disease	___Mastoid
___Skin rash	___Tuberculosis	___Measles
___Thyroid	___Hearing Problems	___Mononucleosis
___Chronic sinus	___Heart	___Other

Description of items indicated Yes above: _____

_____

Please describe any current medical treatment including drugs, pending surgery, recent injuries or any other information I should be aware of that we have not discussed.

_____

_____

_____

Parent/Guardian Signature _____ Date _____

Dental History: Indicate Yes or No to the following and provide necessary information asked.

1. Date of last visit to a dentist _____ For what service _____
2. Has child complained about dental problems? Yes ____ No ____
   What problems? _____
3. Any unhappy dental experiences? Yes ____ No ____
   What _____
4. Any injuries to mouth/teeth/head? Yes ____ No ____
   What _____
5. Any mouth habits: thumbsucking, nail biting, mouth breathing, nursing bottle habits, pacifier, finger sucking, tongue thrusting? Yes ____ No ____

   _____
6. Any unusual speech habits? Yes ____ No ____

   _____
7. Any lost teeth due to unusual circumstances? Yes ____ No ____
   What _____
8. Have missing teeth been replaced? Yes ____ No ____
   When _____
9. Orthodontic appliances worn now or in the past? Yes ____ No ____
   When _____
10. Does your child brush their teeth daily? Yes ____ No ____
    How often? _____
11. Is dental floss used? Yes ____ No ____
12. Are disclosing tablets used? Yes ____ No ____
13. Is fluoride taken in any form? Yes ____ No ____
    What form? _____
14. Have dental x-ray ever been taken on the child? Yes ____ No ____
    When/Why? _____

I have been informed that I will receive preventive dental hygiene services, (cleaning of their teeth, and/or dental x-rays and fluoride treatment or sealant placement). I know that Hostos Community College is a teaching institution and that the ability to provide quality care is dependent on my ability to keep all appointments. If unable to keep an appointment I will call the clinic in advance. I understand that I can be dismissed as a patient if I do not keep this agreement.

I have also read and signed the Patient Consent Form for my child

I do ____ do not ____ want to have my child's teeth cleaned.
I do ____ do not ____ want to have my child receive a fluoride treatment.
I do ____ do not ____want to have x-rays taken on my child
I do ____ do not ____want to have Pit and Fissure sealant placement.

Child's Attitude toward dentistry:

Parent/guardian
Signature _____ Date _____

Revised/me/97/3

Hostos Community College
Dental Hygiene Department
Dental History

Patient Name_____Date_____
Dentist Name_____Address_____
Telephone( )_____ Date of last examination_____
Treatment received at last visit_____
Date of last x-rays_____
Date of last cleaning_____

Type of toothbrush: Soft__Med__Hard__Nylon__Natural__
Brushing Frequent__Type of Dentrifice_____Flossing_____Type_____

Oral Habits:
smoking__amount__type__filtered__unfiltered__cigar__pipe__cigarette__thumb/finger
sucking__ which digit__
nailbiting__
tongue thrusting__
grinding__
clenching__
bruxism__
cheek biting__
mouthbreathing__
speech impairment__
other__

Sensitive to:
heat_____tooth#_____
cold_____tooth#_____
sweet_____tooth#_____
pressure_____tooth#_____
other_____

Miscellaneous Comments
_____
_____
_____

Vital Signs:
Date: _____
Temperature: _____
Respiration: _____
Pulse: _____
Est. Systolic: _____
Actual B.P.: _____
Student signature: _____
Case Evaluation: _____
Instructor Signature: _____

Recall Date: _____
Temperature: _____
Respiration: _____
Pulse: _____
Est. Systolic: _____
Actual B.P.: _____
Student signature: _____
Case Evaluation: _____
Instructor Signature: _____

Hostos Community College
Dental Hygiene Department

Patient Consent Form

Name: _____

Address: _____

The Dental Hygiene Clinic at Hostos Community College, 475 Grand Concourse, Bronx New York, is a teaching facility that adheres to the most current aseptic technique in providing the necessary experience to prepare students for the practice of Dental Hygiene. All treatment is provided by students under the faculty supervision of licensed dentists and dental hygienists. Patients in need of evaluation, diagnosis and further treatment will be referred to their own dentist.

It is sometimes desirable to photograph, record, copy or publish treatment procedures for educational or research purposes. It is understood that the patient involved is not to be identified by name. When a minor patient is being treated at Hostos Dental Hygiene Clinic it is imperative that a parent/legal aged guardian accompany the child and remain in the reception room during all procedures.

Treatment at Hostos Dental Hygiene Clinic consist of:

- Thorough Medical and Dental history
- Vital sign recordings (temperature, respiration, pulse, blood pressure)
- Patient Dental Health education
- Oral Inspection
- Gingival Assessment
- Periodontal Charting (when indicated)
- Hard Tissue Charting (when indicated)
- Oral Prophylaxis (cleaning)
- Oral Radiographs (when indicated)
- Application of Decay Preventing Agents (when indicated)
- Nutritional Assessment (when indicated)

I the above named patient have read the above information and understand it. Therefore, I agree to be treated at the Hostos Dental Hygiene Clinic.
Patient's
Signature_____Date_____

I have given the above named patient this form and he/she has read it and informed me that he/she understands its content before signing this form in front of me.
Student's
Signature_____Date_____

Revised apm/cc/97

EXTRAORAL AND INTRAORAL EXAMINATION

Patient Name: _____ Date: _____

Area of Inspection	WNL	Significant Findings
1 Overall Appraisal of Patient		
2 Head		
3 Face		
4 skin		
5 Eyes		
6 Nodes:		
a pre and post auricular		
b occipital		
c submental/submaxillary		
d cervical chain		
e supraclavical		
7 Tempromandibular joint		
8 Thyroid Gland		
9 Lips		
10 Breath Odor/Oral Hygiene		
11 Labial and Buccal Mucosa		
a vestibule		
b mucobuccal folds		
c frena		
d Stenson's duct		
e cheeks		
12 Retromolar Area/Maxillary Tuberosity		
13 Tongue:		
a dorsal surface		
b lateral borders		
c base of tongue		
14 Floor of Mouth:		
a ventral surface		
b duct openings		
c mucosa, frena		
d tongue action		
15 Saliva		
16 Hard Palate		
17 Soft Palate/Uvula		
18 Tonsilar Region/Throat		

Classification of Occlusion and Other Findings:

Relationship used: **First Molar ____ Canine _____**

Unilateral		Bilateral	Tendency towards	
Right	Left		Right	Left

Class I
Class II
Class II div 1
Class II div 2
Class III

Facial Profile:
mesiognathic _____
retrognathic _____
prognathic _____

Indicate if the following is present in Mouth with location
___ openbite
___ overbite
___ overjet
___ crossbite
___ edge to edge

Indicate if the following is present in Mouth with location
___ Full denture
___ Part. Denture
___ Ortho. Bands
___ Wire ligation
___ Fixed Bridge

Indicateif the following is present in Mouth with location
___ abrasion
___ erosion
___ attrition

HOSTOS COMMUNITY COLLEGE
DENTAL HYGIENE DEPARTMENT
RECALL VISIT

DATE:_____

I HAVE REVIEWED THE ATTACHED **MEDICAL/DENTAL** HISTORY. MY HEALTH STATUS HAS CHANGED AS FOLLOW (IF NO CHANGE, WRITE **"NO CHANGE"**:

_____
_____
_____

PERSON COMPLETING THE UPDATE: SIGNATURE: _____

IF OTHER THAN PATIENT, INDICATE RELATIONSHIP: _____

UPDATE REVIEWED BY: _____

DATE:_____

I HAVE REVIEWED THE ATTACHED **MEDICAL/DENTAL** HISTORY. MY HEALTH STATUS HAS CHANGED AS FOLLOW (IF NO CHANGE, WRITE **"NO CHANGE"**:

_____
_____
_____

PERSON COMPLETING THE UPDATE: SIGNATURE: _____

IF OTHER THAN PATIENT, INDICATE RELATIONSHIP: _____

UPDATE REVIEWED BY: _____

* A new adult initial assessment pack must be completed every two years.

DENTAL HYGIENE CLINIC
HOSTOS COMMUNITY COLLEGE
475 GRAND CONCOURSE
BRONX , NEW YORK 10451
PHONE: 718-518-4230

PATIENT MEDICAL CLEARANCE

Patient Name_____
Address _____
Date _____
Supervising Dentist_____

The above named patient has requested treatment at our Dental Hygiene Facility, where Oral Prophylaxis are performed which can cause stress and transient bacteremia due to some gingival bleeding.

A Medical Concern
of_____
_____
has been indicated in the above named patient's medical questionnaire or interview/examination.
Please advise by CHECKING one of the below categories as well as PRESCRIBE any necessary medications that may be required.

THE PATIENT:
_____Can be treated at Hostos' Dental Hygiene Clinic with no further medical attention.
_____Can not be treated at Hostos' Dental Hygiene Clinic until further medical clearance is obtained, included here would be laboratory testing.
_____Needs to be premedicated prior to treatment at Hostos'Dental Hygiene Clinic and I, the BELOW NAMED PHYSICIAN HAVE GIVEN THE PATIENT NECESSARY PRESCRIPTION AND INSTRUCTION.

****

DATE:_____ PHYSICIAN NAME_____
PLEASE PRINT
PHYSICIAN ADDRESS_____
_____
PHYSICIAN SIGNATURE_____
PHYSICIAN LICENSE NUMBER_____
TELEPHONE NUMBER_____

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Dental Hygiene Clinic
Hostos Community College
475 GRAND CONCOURSE, BRONX, NEW YORK

Student's Medical Clearance Report

THE DENTAL HYGIENE CLINIC IS A TEACHING FACILITY THAT ADHERES TO THE MOST CURRENT ASEPTIC TECHNIQUE IN PROVIDING THE NECESSARY EXPERIENCE TO PREPARE STUDENTS FOR THE PRACTICE OF DENTAL HYGIENE. ALL TREATMENT IS PROVIDED BY STUDENTS UNDER THE FACULTY SUPERVISION OF LICENSED DENTISTS AND HYGIENISTS.

WE ARE REQUESTING MEDICAL CLEARANCE FOR THE BELOW NAMED STUDENT **WHO PROVIDES** THE FOLLOWING SERVICES TO PATIENTS

-THOROUGH MEDICAL AND DENTAL HISTORY
-VITAL SIGN RECORDINGS (TEMPERATURE, RESPIRATION, PULSE, BLOOD PRESSURE)
-PATIENT EDUCATION
-ORAL INSPECTION
-GINGIVAL ASSESSMENT
-PERIODONTAL CHARTING (WHEN INDICATED)
-HARD TISSUE CHARTING (WHEN INDICATED)
-ORAL PROPHYLAXIS (SUBGINGIVAL SCALING, TOOTH POLISHING)
-ORAL RADIOGRAPHS (WHEN INDICATED)
-APPLICATION OF DECAY PREVENTING AGENTS (WHEN INDICATED)
-NUTRITIONAL ASSESSMENT (WHEN INDICATED)

Student's Name _____

Medical Referral _____

_____

Faculty Signature _____ Date _____

Physician's Response _____

_____

_____

_____

Physician Signature _____ Date _____

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Hostos Community College
Dental Hygiene Department

Premedication Record

Date_____
Type_____ Dosage_____
Time Taken_____ Patient Signature_____

Date_____
Type_____ Dosage_____
Time Taken_____ Patient Signature_____

Date_____
Type_____ Dosage_____
Time Taken_____ Patient Signature_____

Date_____
Type_____ Dosage_____
Time Taken_____ Patient Signature_____

Date_____
Type_____ Dosage_____
Time Taken_____ Patient Signature_____

Date_____
Type_____ Dosage_____
Time Taken_____ Patient Signature_____

Date_____
Type_____ Dosage_____
Time Taken_____ Patient Signature_____

PDR SEARCH

Patient: _____ **Student:** _____

Condition: _____ **Date:** _____

Drug:

Prescribed dosage:

Product Category:

Generic or Chemical Name:

Indication:

Contraindications:

Warnings and Precautions:

Adverse Reactions:

Dosage:

Review by (Instructor) _____

Note: Place this form in patients folder

Hostos Community College
Dental Hygiene Department
475 Grand Concourse
Bronx, New York 10451

Local Anesthetic Assessment Form

Patient Name:_____ Date:_____
Medical Status:_____Patient Age_____
Patient Periodontal Status_____Case__ __ __

Reason for
anesthesia:_____
_____
_____

Area to be anesthesized:_____
Nerve to be affected:_____

Foramen that is contiguous:_____

Type of injection: ____Block ____Infiltration
Brief description of Anatomy
involved:_____
_____

Type of Anesthetic:_____Gauge of Needle_____
Quantity of Anesthetic _____

Brief description of result of local
anesthesia:_____
_____
_____
_____
_____

Student Signature:_____Date_____
Dentist Signature:_____Date_____

HOSTOS COMMUNITY COLLEGE

DEPARTMENT OF DENTAL HYGIENE

PATIENT REQUEST FOR RADIOGRAPHS

I have requested that a full mouth series of dental x-rays be taken of my mouth. At the present time, a specific dentist, hospital or clinic is not treating me. Should I inform the Dental Hygiene Department at Hostos, that I am under the care of a specific dentist, hospital or clinic, the Department will forward the full mouth series of radiographs to the appropriate person.

Patient's Signature _____ Date _____

Student's Signature _____ Date _____

Faculty Approval & Signature _____ Date _____

PANORAMIC ANATOMY, PATHOLOGY & ABNORMATLITIES

Operator: _____ Date: _____ Patient: _____ Age: _____

Instructor: _____ Are radiographs to be mailed to a dentist for treatment?
Yes ☐ No ☐

Control Settings: MA _____ KVP _____ (Please indicate)
Grading – **A point will be deducted for each error** (Patient Preparation and Positioning: Cassette Prep.)
Directions: Locate Anatomy using numbers 1-21. Identify any pathology & abnormalities and list them.

A.

Patient Preparation	**Patient Positioning**	**Control Settings**	**Film Processing**	**Mechanical**
☐ removal of earrings	☐ midsagittal plane	☐ ma	☐ fogging	☐ cable roller
☐ eyeglasses	☐ sharpness	☐ kvp	☐ scratches	malfunction
☐ dental appliances	☐ chinrest	☐ film contrast	☐ stains	☐ exposure bottom
☐ hairpins/clips	☐ level of shoulders		☐ static electricity	release malfunction
	☐ biteblock/centering of front teeth		☐ other _____	
	☐ patients lip position			
	☐ vertical alignment			

No. of technique errors _____ & grade _____

B. Identify Panoramic Anatomy by placing appropriate numbers (refer to figure 11-10).

C. List Pathology & Abnormalities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

D. Instructors Comments:

_____
_____
_____
_____
_____

E. Number of interpretation errors _____ and grade _____

SJ/'96

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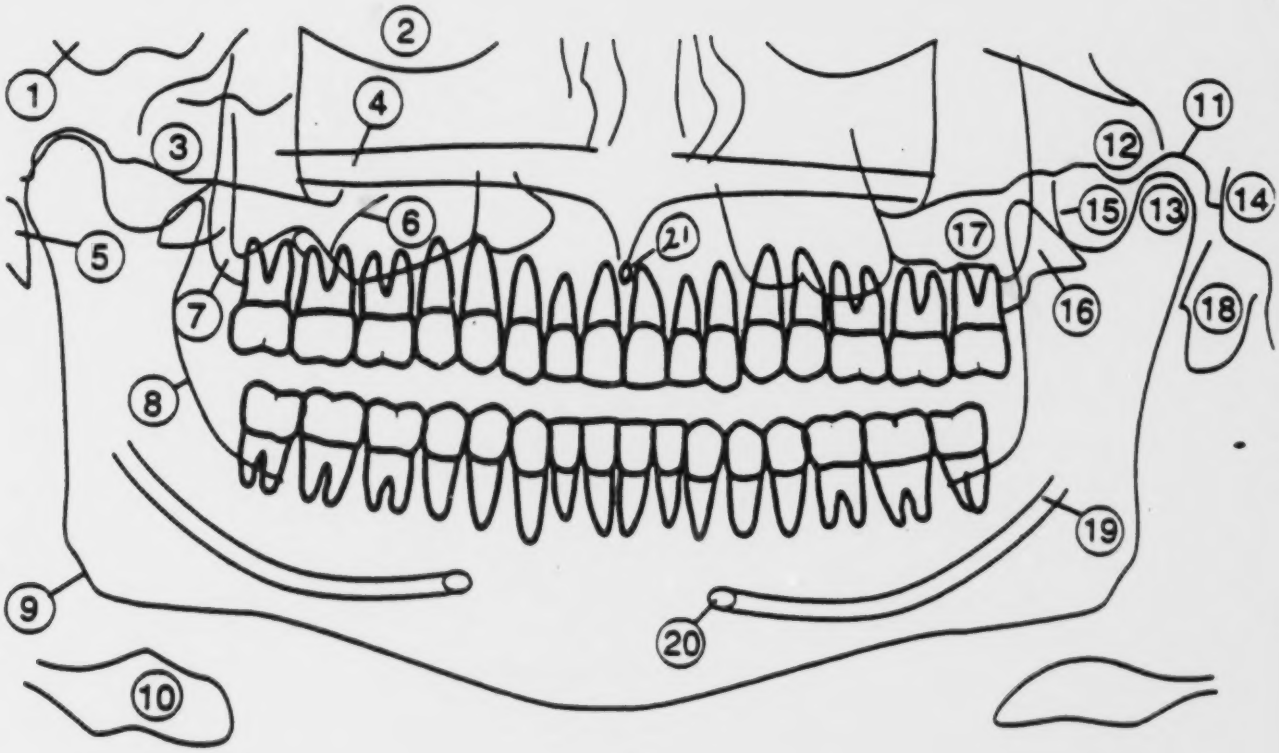


- Middle cranial fossa
- Orbit
- Zygomatic arch
- Palate
- Styloid process
- Septa in maxillary sinus
- Maxillary tuberosity
- External oblique line
- Angle of mandible
- Hyoid bone
- Glenoid fossa
- Articular eminence
- Mandibular condyle
- Vertebra
- Coronoid process
- Pterygoid plates
- Maxillary sinue
- Ear lobe
- Mandibular canal
- Mental foramen
- Incisive Foramen

Figure 11-10. Panoramic radiograph panoramic anatomy from Miles DA, et al: Radiographic Imaging for Dental Auxiliaries, 2d ed. Philadelphia, W.B. Saunders Company 1983. P. 163

OPERATOR _____ PATIENT'S NAME _____ AGE _____ ARE FILMS TO BE MAILED Yes [ ] or No [ ]

BISECTING TECHNIQUE			INTERPRETATION		
NON-DX	ERROR AND CAUSE OF ERROR	ACCEPTABLE	CIRCLE MISSING TEETH	LANDMARKS	DEPOSITS/PATHOLOGY/RESTORATIONS
			U R MOLAR 1 - 2 - 3		
			U R PREMOLAR 4 - 5		
			U R CUSPID 6		
			U R LATERAL 7		
			U CENTRAL 8 - 9		
			U L LATERAL 10		
			U L CUSPID 11		
			U L PREMOLAR 12 - 13		
			U L MOLAR 14 - 15 - 16		
			L L MOLAR 17 - 18 - 19		
			L L PREMOLAR 20 - 21		
			L L CUSPID 22		
			L CENTRAL 23 - 24 - 25 - 26		
			L R CUSPID 27		
			L R PREMOLAR 28 - 29		
			L R MOLAR 30 - 31 - 32		
			L PREMOLAR B W		
			L MOLAR B W		
			R PREMOLR B W		
			R MOLAR B W		

Operator _____ Technique _____/_____ Series Date Exposure _____ Instructor's Name _____

A. Grading - (1 point will be deducted for each error)

Technique	No. of Errors
1 Film Placement	
2 Elongation	
3 Foreshortening	
4 Overlapping	
5 Cone-cut	
6 Reversed Film	
7 Double exposure	
8 Blurred Image	
9 Exc Bend/St Im	
10 Over/Under exp	
11 Over/Under Proc	
12 Stains	
13 Scratches	
14 Other Exp or Process	
15 Pitfall Identifications and Corrections	
16 Retakes	
Total Pts Deducted	
Technique Grade	

Interpretation	No. of Errors
1 Anatomic Landmarks	
2 Abnormalities & Other	
3 Calculus	
4 Caries and Faculty Rest	
5 Overhangs/Contacts	
6 Alv Cr Resp	
7 Periapical & Periodontal	
8 Errors in Recog Retakes	
9 Mounting	
10 Charting errors	
11 Proper recording	
Total Pts Deducted	

B. LATE SERIES - 2 pts/day

1 Date Due _____

2 Date Rec'd _____

Total Pts deducted _____

Interpretation Grade _____

Anatomic Landmarks of Maxilla

INCISIVE FORAMEN
MEDIAN PALATINE SUTURE
NASAL FOSSAE
NASAL SEPTUM
ANTERIIOR NASAL SPINE
SOFT TISSUE SHADOW OF NOSE
NOSTRIL SPOT(S)
LATERAL FOSSAE(E)
MAXILLARY SINUS
WALL(S) & FOL. OF MAX SINUE
LIP LINE
ZYGOMA (MOLAR BONE)
MAXILLARY TUBERROSITY
CORONOID PROCESS OF MAND
HAMULAR PROCESS
SOFT TISSUE SHAD OF CHEEK OR LIPS
OTHER
LATERAL PTERYGOLD PLATE

Anatomic Landmarks of Mandible

LINGUAL FORAMEN
GENIAL TUBERCLES
MENTAL RIDGES
INFERIOR BORDER OF MANDIBLE
MENTAL FORAMEN
MANDIBULAR CANAL
WALL(S) OF MAND. CANAL
INTERNAL OBLIQUE RIDGE
MYLOHYOID RIDGE
EXTERNAL OBLIQUE RIDGE
SOFT TISSUE SHADOW OF TONGUE
SOFT TISSUE SHADOW OFLIP
LIP LINE
SUBMAXILLARY GLAND FOSSA

161

163

Technique - 50% and Interpretation 50% - 2 _____

Final Grade _____

Instructors Comments:

(SEE BACK ALSO)

OPERATOR _____ PATIENT'S NAME _____ AGE _____ ARE FILMS TO BE MAILED Yes [ ] No [ ]

PARALLELING TECHNIQUE			INTERPRETATION		
NON-DX	ERROR AND CAUSE OF ERROR	ACCEPTABLE	CIRCLE MISSING TEETH	LANDMARKS	DEPOSITS/PATHOLOGY/RESTORATIONS
			U R MOLAR 1 - 2 - 3		
			U R PREMOLAR 4 - 5		
			U R CUSPID 6		
			U R LATERAL 7		
			U CENTRAL 8 - 9		
			U L LATERAL 10		
			U L CUSPID 11		
			U L PREMOLAR 12 - 13		
			U L MOLAR 14 - 15 - 16		
			L L MOLAR 17 - 18 - 19		
			L L PREMOLAR 20 - 21		
			L L CUSPID 22		
			L CENTRAL 23 - 24 - 25 - 26		
			L R CUSPID 27		
			L R PREMOLAR 28 - 29		
			L R MOLAR 30 - 31 - 32		
			L PREMOLAR B W		
			L MOLAR B W		
			R PREMOLR B W		
			R MOLAR B W		

Operator _____ Technique _____/_____ Series Date Exposure _____ Instructor's Name _____

A. Grading - (1 point will be deducted for each error)

Technique	No. of Errors
1 Film Placement	
2 Elongation	
3 Foreshortening	
4 Overlapping	
5 Cone-cut	
6 Reversed Film	
7 Double exposure	
8 Blurred Image	
9 Exc. Bend/St. Im	
10 Over/Under exp	
11 Over/Under Proc	
12 Stains	
13 Scratches	
14 Other Exp or Process	
15 Pitfall Identifications and Corrections	
16 Retakes	
Total Pts. Deducted	
Technique Grade	

Interpretation	No. of Errors
1 Anatomic Landmarks	
2 Abnormalities & Other	
3 Calculus	
4 Caries and Faculty Rest	
5 Overhangs/Contacts	
6 Alv. Cr. Resp.	
7 Periapical & Periodontal	
8 Errors in Recog. Retakes	
9 Mounting	
10 Charting errors	
11 Proper recording	
Total Pts Deducted	

B. LATE SERIES - 2 pts/day

1. Date Due _____
2. Date Rec'd _____

Total Pts deducted _____

Interpretation Grade _____

Anatomic Landmarks of Maxilla
INCISIVE FORAMEN
MEDIAN PALATINE SUTURE
NASAL FOSSAE
NASAL SEPTUM
ANTERIIOR NASAL SPINE
SOFT TISSUE SHADOW OF NOSE
NOSTRIL SPOT(S)
LATERAL FOSSAE(E)
MAXILLARY SINUS
WALL(S) & FOL. OF MAX SINUE
LIP LINE
ZYGOMA (MOLAR BONE)
MAXILLARY TUBERROSITY
CORONOID PROCESS OF MAND.
HAMULAR PROCESS
SOFT TISSUE SHAD OF CHEEK OR LIPS
OTHER
LATERAL PTERYGOLD PLATE

Anatomic Landmarks of Mandible
LINGUAL FORAMEN
GENIAL TUBERCLES
MENTAL RIDGES
INFERIOR BORDER OF MANDIBLE
MENTAL FORAMEN
MANDIBULAR CANAL
WALL(S) OF MAND. CANAL
INTERNAL OBLIQUE RIDGE
MYLOHYOID RIDGE
EXTERNAL OBLIQUE RIDGE
SOFT TISSUE SHADOW OF TONGUE
SOFT TISSUE SHADOW OFLIP
LIP LINE
SUBMAXILLARY GLAND FOSSA

16

Technique - 50% and Interpretation 50% - 2 _____

16

Final Grade _____

Instructors Comments:

(SEE BACK ALSO)

Occlusal Radiographic Evaluation Form

Directions: Attach your occlusal radiograph. Circle Anatomy (A-F)

MANDIBULAR ANTERIOR OCCLUSAL VIEW

Indicate the type of projection ☐ topographical
☐cross sectional

A. Mental ridge
B. Genial tubercle
C. External oblique ridge
D. Shadow of tongue
E. Cone cut
F. Other _____

List any pathology or abnormalities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SJ/Spring '96

Occlusal Radiographic Evaluation Form

Directions: Attach your occlusal radiograph. Circle Anatomy (A-K)

MAXILLARY ANTERIOR OCCLUSAL VIEW

Indicate the type of projection: ☐ topographical
☐cross sectional

A. Nasal septum
B. Nasal fossa
C. Anterior nasal spine
D. Nasal concha
E. Impacted permanent teeth
F. Cone cut
G. Incisive foramen
H. Median palatal suture
I. Maxillary sinus
J. Zygomatic process of maxilla
K. Others _____

List any pathology or abnormalities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Eugenio María de **Hostos Community College**
of The City University of New York

500 Grand Concourse Bronx, New York 10451 (718) 518-4444

DENTAL HYGIENE PROGRAM

Forwarding of Radiographs

Your x-rays will be made available to your dentist upon written request from him. To accomplish this, have your dentist sign and forward this form. It is the policy of this department that no x-rays are given directly to the patient. The form should be sent to:

Department of Dental Hygiene
Hostos Community College
475 Grand Concourse
Bronx. New York 10451

Please forward the radiographs of

_____

_____D.D.S.

_____Address

I understand that a dental hygiene student under the supervision of a dentist took the radiographs. I am aware that they were intended to be a teaching aid and not to serve for diagnostic purposes. I further understand that neither the college nor staff can assume responsibility for any shortcomings or errors in the radiographs.

_____D.D.S.
SIGNATURE

Eugenio María de **Hostos Community College**
of The City University of New York

500 Grand Concourse Bronx, New York 10451 (718) 518-4444

Dear Doctor:

Enclosed are the x-rays of your patient_____,

which were taken in the Dental Hygiene Clinic at Hostos Community College.

They are submitted for your interpretation and diagnosis.

Very truly yours,

Clinical Faculty,
DENTAL HYGIENE PROGRAM

Enclosures

HARD TISSUE CHARTING

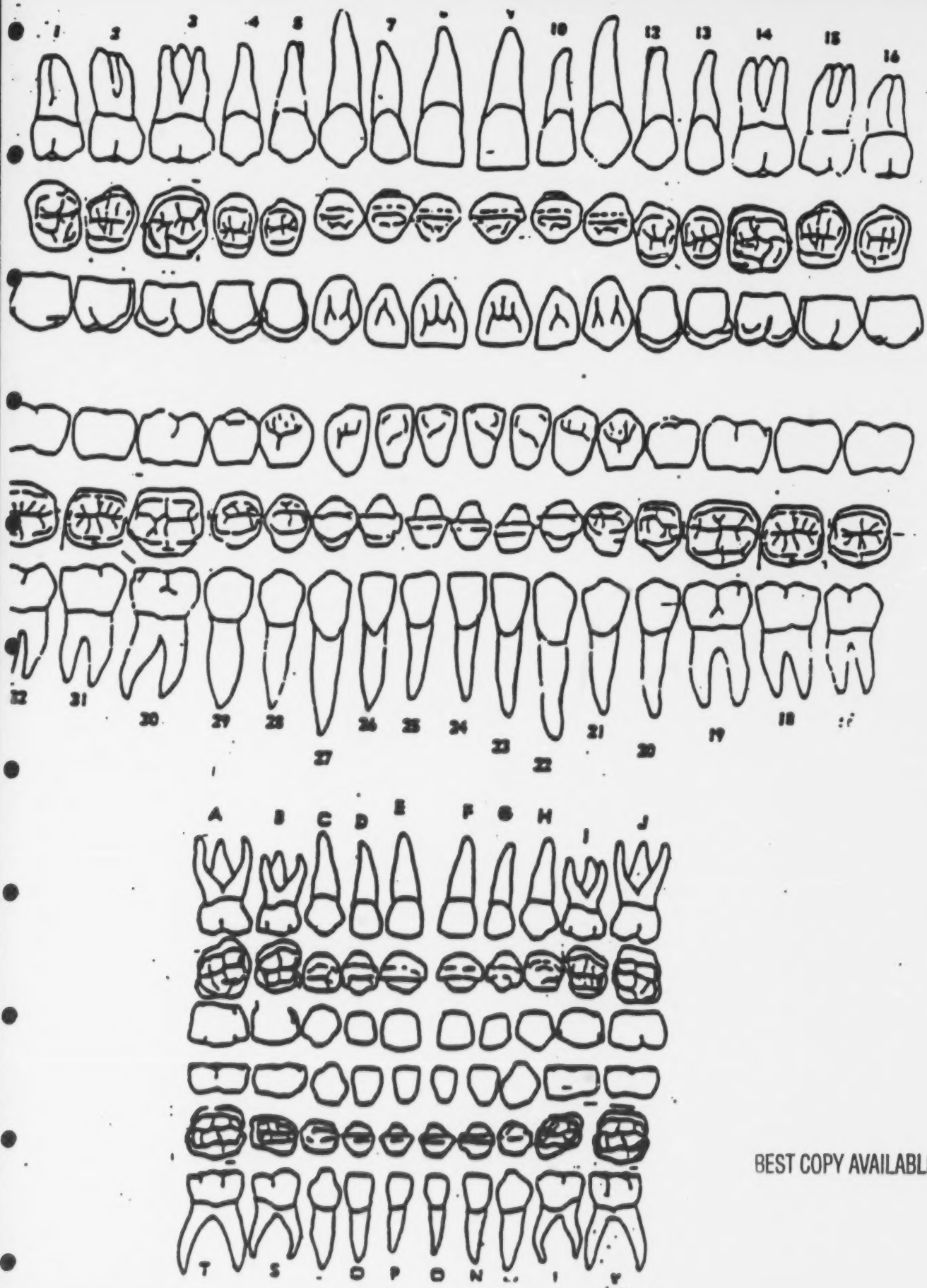
1. All indications are made in Blue unless otherwise stated.

2. Restorations: Fill in surface completely (Solid). All mesial and distal restorations will be drawn on the occlusal, buccal and lingual views.

3. Caries: Outline lesion (any area where the explorer sticks)

CHARTING SYMBOLS

1. Abutment: Ab
2. Abscess: (red) Abs.
3. Caries: (red) outline lesion
4. Decalcification: ///
5. Dentures: (bracket arch)
6. Extracted: X
7. Fixed bridge: FB
8. Fracture: (red) ∧∨∧
9. Furcation involvement: (red) ∧
10. Impacted area: IM
11. Missing: vertical line |
12. Open contact: (red if a problem) ∨
13. Open Margin: O
14. Overhang: (red) OH
15. Partial denture: (bracket area)
16. Partial eruption: two horizontal lines =
17. Pontic (s): P
18. Removal indicated: (red) oblique line/
19. Restorations: solid
20. Root canal: RC
21. Space closed or drifted tooth →
22. Supernumerary tooth: Su
23. Unerupted: Horizontal line



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Den 5310 Clinic I
Gingival Assessment

Patient Name:_____ Student:_____
Case Evaluation:_____ Date:_____

Indicate unhealthy gingival conditions prior to treatment:

MARGINAL GINGIVA LOCATION

Color _____ _____

Contour _____ _____

Consistency_____ _____

INTERDENTAL GINGIVA LOCATION

Color _____ _____

Contour _____ _____

Consistency_____ _____

ATTACHED GINGIVA LOCATION

Color _____ _____

Contour _____ _____

Consistency_____ _____

Is there spontaneous bleeding? Yes_____ No_____

Is there bleeding upon probing? Yes_____ No_____

Describe the gingival condition following treatment.

_____
_____
_____
_____
_____

DEN 5312/14 - CLINIC II / III
GINGIVAL ASSESSMENT

DATE: RECALL VISIT _____ CASE EVALUATION _____

COLOR

	WNL	RED	CYANOTIC
MARGINAL			
ATTACHED			
PAPILLA			

CONTOUR

	WNL	ROUNDED	ROLLED	FESTOON
MARGINAL				

PAPILLA

WNL	BULBOUS	BLUNTED	FIBROTIC

CONSISTENCY

	WNL	SOFT/SPONGY	FIBROTIC
MARGINAL			
ATTACHED			
PAPILLA			

TEXTURE

	STIPPLED	SMOOTH
FREE GINGIVA		
ATTACHED		

RECESSION _____

CLASS OF INFLAMATION:
NONE SLIGHT
MODERATE SEVERE

	YES	NO	LOCATION
BLLEDING UPON PROBING			
SPONTANEOUS BLEEDING			
EXUDATE			
PAIN ACUTE INFLAMATION			
CHRONIC INFLAMATION			

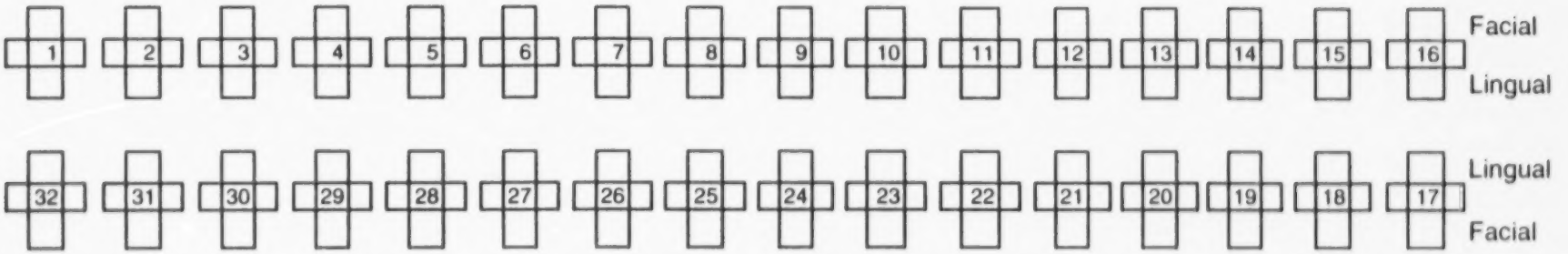
ADDITIONAL NOTES:

PERIODONTAL PROBING NECESSARY YES NO FACULTY INITIALS _____

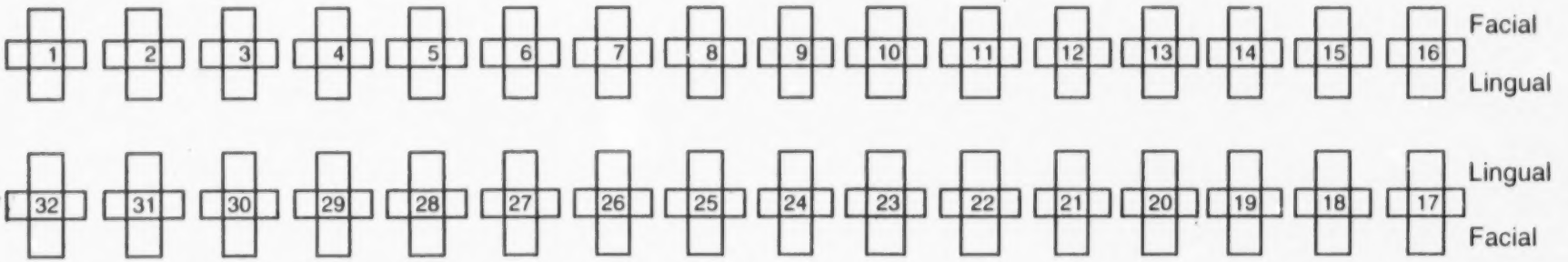
Hostos Community College
Dental Hygiene Department

Calculus Detection

Sub-gingival Calculus



Supra-gingival Calculus



17 17

Note: All notations of calculus should be in made in red.

Student:_____

Patient:_____

Instructor:_____

Date:_____

PERIODONTAL PROBING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
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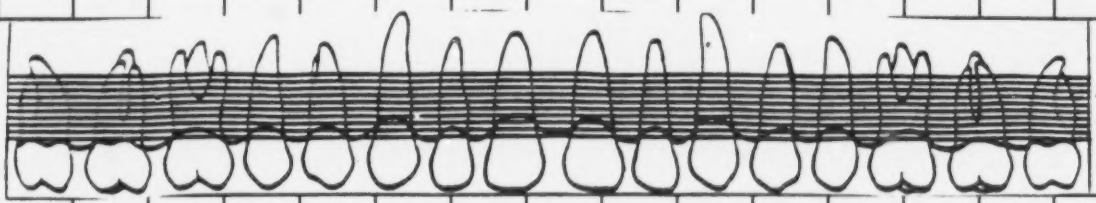

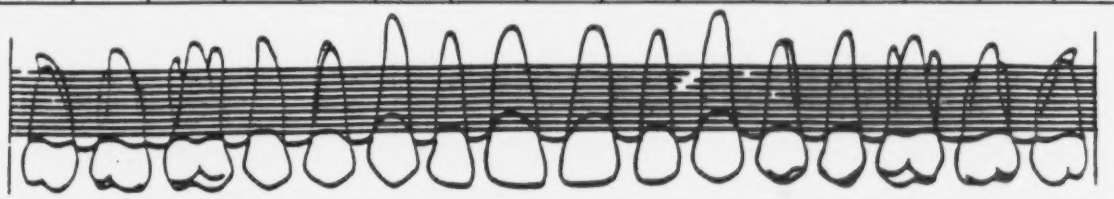

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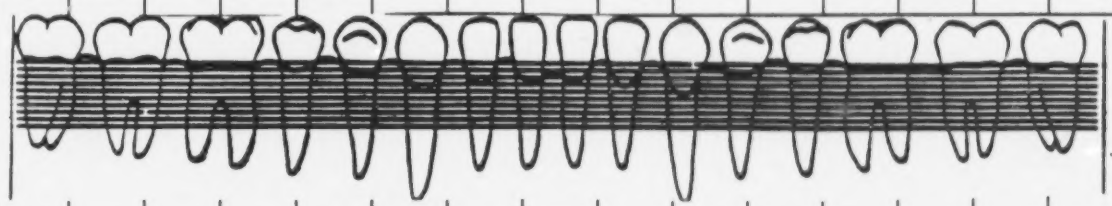

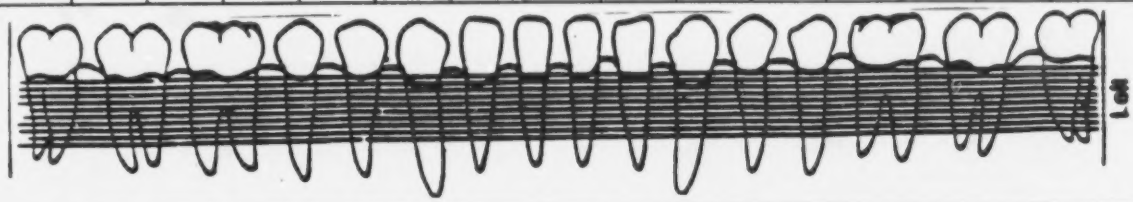

																1
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																6
32	31	30	20	28	27	26	25	24	23	22	21	20	19	18	17	

PERIODONTAL EVALUATION FORM

Student Name _____

Oral Hygiene Status _____

DATE	PERIO POCKET	GINGIVAL POCKET	HIDDEN RECESSION	FURCATION	MOBILITY

DATE

_____ Case Type I _____ II _____ III _____ IV _____ V _____
_____ Case Type I _____ II _____ III _____ IV _____ V _____
_____ Case Type I _____ II _____ III _____ IV _____ V _____
_____ Case Type I _____ II _____ III _____ IV _____ V _____
_____ Case Type I _____ II _____ III _____ IV _____ V _____
Case Type I _____ II _____ III _____ IV _____ V _____

Oral Hygiene Instructions	1	2	3	4	5	6
Date _____						
Brush (type) _____						
Frequency _____						
Adjunctive _____						
Aids/Procedures _____						
Antimicrobials _____						
Printed Material (indicate date given)						

HOSTOS COMMUNITY COLLEGE

DENTAL HYGIENE DEPARTMENT

Patient Name_____Date_____
Student Name_____I.D._____

Clinic
DEN 5314

Subject: Periodontology Case Study (Terminal Clinical Case Study)

Goal: The periodontal case study exercise is designed to give the student a clinical prcticum for the application of the basic principles of periodontology. It is also designed to give the student a basic guideline for the delivery of total oral hygiene care to the patient.

Content: This exercise will include:

1. Examining and evaluating the periodontuim.
2. Phase microscopy and oral photography.
3. Making and evaluating study models.
4. Radiographic interpretation and evaluation.
5. Etiological determinations.
    a. Primary factor.
    b. Local contributing factors.
    c. Systemic contributing factors.
6. Nutritional interview and counseling.
7. Classifying the periodontal condition (diagnosis).
8. Treatment planning.
    a. Outlining patient education.
    b. Outlining the approach to treatment based on the ADA "type" classification in accordance with the established "phases" of treatment, e.g. Phase I, II, III.
9. Re-evaluating after treatment and writing a summary.

Criteria: 1. Examination and evaluation:

A. Clinical Characteristics

1. Color_____
2. Contour_____
3. Consistency_____
4. Texture_____
5. Size_____
6. Pain YES_____NO_____
7. Onset
8. Tendency to bleed YES_____NO_____
   a) SpontaneousYES_____NO_____
   b) Upon probing YES_____NO_____
9. Exudate YES_____NO_____

Subject: Periodontology Case Study (Terminal Clinical Case Study)

B. Classification of gingival inflammation (CHECK)

1._____no inflammation
2._____inflammation

A._____Acute _____Chronic

B._____Localized _____Generalized

C._____Papillary _____Marginal _____Diffuse

C. Periodontal probing, charting, graphing, and interpreting. (Full mouth)

1. Pockets present YES_____NO_____
   a. Gingival pocket YES_____NO_____
   b. Periodontal pocket YES_____NO_____
      (1) _____Infrabony
      (2) _____Suprabony
      (3) _____Both types

2. Recession present YES_____NO_____
   a. Hidden recession YES_____NO_____
   b. Visible recession & hidden recession YES__NO__

3. Furcation involvement YES____NO____
   a. If yes, specify the area/areas
   b. If yes, classify
      ____Class I
      ____ClassII ____F
                  ____L
                  ____M
                  ____D
      ____Class III

4. Assessment of the attached gingiva
   a. Adequate amount YES____NO____
      If no, specify areas of inadequacies

5. Tooth mobility YES____NO____
   If yes, list tooth or teeth and type
   Eg. CL I mobility
   CL II mobility
   CL III mobility

D. Charting and evaluating the dentition (intra-orally and radiographically)
   1. Caries YES____NO____
   2. Defective restoration YES____NO____
   3. Edentulous areas YES____NO____
   4. Prosthesis YES____NO____
      If so,
      (a) fixed YES____NO____
      (b) removable YES____NO____
   5. Vitality - ____all teeth vital
      ____non vital (specify)

Subject: Periodontology Case Study (Terminal Clinical Case Study)

E. Occlusal evaluation (per intra-oral and study model)
   1. Angle classification_____
   2. Trauma
      a) Generalized YES____NO____
      b) Localized – specific area/areas
   3. Open bite YES____NO____

3. Overjet:__Normal__Slight__Moderate__Severe__
4. Overbite:__Normal__Slight__Moderate__Severe__

6. Malpositioned teeth, YES____NO____
If yes; specify_____

11. Radiographic Evaluation

A. Full mouth series (FMS)

1. loss of lamina dura YES____NO____
If yes,
a. Generalized
b. Localized, specify_____

2. Periodontal space
a. _____Normal
b. _____Increased width
_____Generalized
_____Localized, specify_____
c. Decreased width
_____Generalized
_____Localized, specify_____

3. Level of alveolar Crest
a. _____Normal
b. _____Abnormal
_____Generalized
_____Localized, specify_____

4. Periapical pathology YES____NO____
If yes, describe/name and specify area/areas

4. Other pathologic conditions of the teeth eg. caries, gemination, root resorption
List_____

6. Pathologic condition of the jaws YES____NO____
If yes,
_____Osseous radiolucencies, specify_____

7. Clinical Crown-root ratio
_____Favorable _____unfavorable
If unfavorable,
_____Generalized
_____Localized, specify_____

Subject: Periodontology Case Study (Terminal Clinical Case Study)

B. Bitewings

1. Lamina dura continuity at
   Alveor Crest YES____NO____

If no,

_____Generalized

_____Localized, specify_____

a. type bone loss

_____horizontal only

_____vertical only

_____combined

2. Existing restorations

_____satisfactory

_____unsatisfactory

_____Generalized

_____Localized, specify defect and teeth

3. Calculus

_____Light

_____Moderate

_____Heavy

_____Generalized

_____Localized, specify_____

4. Carious lesions YES____NO____
   If yes, specify teeth_____
5. Advanced furcation involved YES____NO____
   If yes,

_____CL II

_____CL II

_____Combined CL II and CL II

Specify tooth/teeth and Class_____

III. Etiology

A. Initiation factor_____

B. Local predisposing factors (Check)

1. _____Food debris
2. _____Material alba
3. _____Calculus
4. _____Overhanging Margins
5. _____Food impaction
6. _____Tooth eruption

7. _____Inadequate attached gingiva
8. _____Mouthbreathing
9. _____Occlusal trauma
10. _____Malocclusion
11. _____Others, specify_____

C. Systemic poredisposing factors
1. _____Puberty
2. _____Pregnancy
3. _____Menopause
4. _____Vitamin deficiency
5. _____Protein deficiency
6. _____Malnutrition
7. _____Oilantin sodium
8. _____Oral contraceptive
9. _____Emotional factors (psychological)
10. _____Heredity
11. _____Oiabetes mellitus
12. _____Leukemia
13. _____Amenia
14. _____Hemophilia
15. _____Infectious Mononucleosis
16. _____Others, specify

IV. Diagnosis

A. _____Healthy periodontium
_____Normal
_____Post-periodontal treatment

B. Periodontal disease

1. _____Inflammatory periodontal disease

Type of inflammatory reaction:

A	B	C
_____Acute	_____Localized	_____Papillary
_____Chronic	_____Generalized	_____Marginal

A. _____Gingivitis Class I
_____Slight _____Moderate _____Severe

B. _____Periodontitis
_____Class II
_____Class III
_____Class IV

C. Other, eg. periocoronitis

2. _____Non-inflammatory periodontal disease specify_____

_____

V. Nutritional interview, Evaluation, and Counseling

A. Nutritional interview – (Use Clinical forms)
(Attach copies to case report)
1. Strategy of dietary assessment
_____1 day diet review
_____3 day diet review
_____5 day diet review
Validate_____

B. Nutritional Evaluation
1. Statistics: Sex_____; Age_____; Height_____; Actual weight_____ Daily caloric requirement_____
caloric requirement, If,
pregnant_____,
lactating_____

2. Diet (general)
_____non-specific diet
_____specific diet, state reason

_____

_____

3. Status of appetite
_____Good
_____Poor, determine reason(s) if possible_____
_____
_____

4. Dietary assessment
a. Caloric intake
_____deficient
_____adaquate
_____excessive

b. Major Caloric source
_____Carbohydrates
_____Proteins
_____Lipids
_____Balanced

c. Caloric Expenditure

_____Low
_____Normal
_____High

d. Consumption of bulk foods
_____Low
_____Average
_____High

e. Consumption of liquids
_____Low
_____Average
_____High
(1) Specify frequency and type in order of greatest to least

Frequency	Type
_____	_____
_____	_____
_____	_____
_____	_____

f. Degree of compliance with the four food groups and the RDA

_____Good
_____Average
_____High

g. Sodium Consumptor
_____Low
_____Average
_____High

h. Carbohydrate ingestion
(1) Carbohydrate forms ingested
(List in order of greatest to least)

(2) Frequency of intake
_____Low
_____Average
_____High

i. Estimated number of acid attacks per 24 hr. period

(1) Frequency of toothbrushing _____, when _____

j. Dietary supplements
YES_____NO____
If yes, type and frequency of intake_____

k. Nutritional Status
_____Adequate
_____Inadequate, if inadequate make recommendations under, VII, C

C. Dietary Counseling (Please attach to the report)

D. General Summary

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VI. Prognosis (State Clearly)

VII. Treatment – Need

Phase I initial periodontal Rx

_____1. Emergency treated or referred
_____2. Patient medically cleared or medicated if required
_____3. Plaque control program initiated
_____4. Scaling, root planing, and polishing completed
_____5. Over hangs removed or patient referred
_____6. Patient referred for endodontic only if necessary
_____7. Patient referred for treatment of carious lesion – if no explain _____
_____8. Patient referred for consultation
  _____a. Occlusal adjustment
  _____b. Orthodontic treatment
  _____c. Prosthetics

Phase II. Correctional Periodontal Treatment
(All Phase II activities are referred)
Patient referred to:
_____Personal Dentist
_____Affiliation (Lincoln Hospital or N.Y.U.
_____Not referred, explain_____

Phase III. Periodontal Maintenance

VIII. Summary of Case Study

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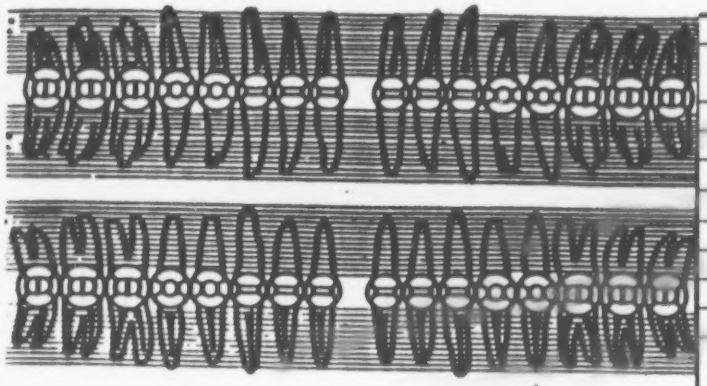
PERIODONTAL CHART



INITAIAL EXAM
CHIEF COMPLAINT

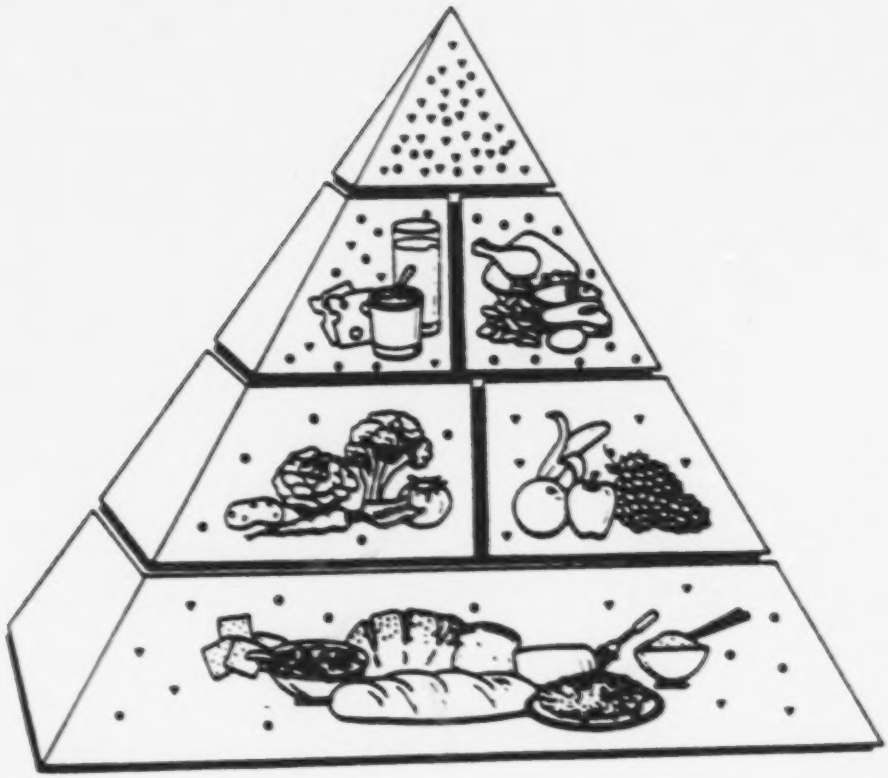
DIETARY ANALYSIS
NOTES

MICROANALYSIS

			Spirochetes			Motile Rods					Protoza		Patient						
Date of Exam	Sample Site	WBC's	Small	Large	Organ nized	spinning	spiral	small gliding	large gliding	palisa- ding	Tricho- monas	Ameo bes	Motile cocci	Arm clocks	Yeast	Tape No.	Compli- ance	Patient Class	Perio Therapy

Den 5315 & 5314

NUTRITION EDUCATION – FORMS AND INFORMATION



HOSTO COMMUNITY COLLGE
DENTAL HYGIENE UNIT

DEN 5315 **NUTRITION EDUCATION OUTLINE**

1. Establish good rapport and communication with the patient.
2. Inform the patient that you will be providing them with nutritional information as well as a plan to improve their nutritional status.
3. Attain the cooperation of the patient in the endeavor you will begin.
4. Gather some vital information on the patient regarding their nutritional status:
    a. Age
    b. Sex
    c. Height
    d. Weight
    e. Signs of any nutritional deficiencies
    f. Specific problems that they indicate they are concerned about
    g. Social, emotional, physical and economic factors contributing to the problem.
5. Ask the patient to complete the diet history and explain the purpose of this to them.
6. Analyze patient's diet history and other data gathered.
7. Write up a summary of the all problems you see and select a problem.
8. Gain the patient's cooperation to work on this problem.
9. Devise a plan of action to rectify the problem.
10. Implement the plan of action.
11. Reevaluate the plan to see if it's being followed and is successful.

NUTRITIONAL INTERVIEW, EVALUATION AND COUNSELING

A. Nutritional interview

1. Clinical signs of nutritional deficiencies:

_____
_____
_____
_____

2. Concerns expressed by the patient:

_____
_____
_____
_____

3. Social, emotional, physical and economic factors:

_____
_____
_____

B. Nutritional Evaluation.

1. Statistics:
   - Sex
   - Age
   - Height
   - Actual weight
   - Ideal weight
   - Daily caloric requirement
   - If pregnant
   - If lactating

2. Diet:
   - Non-specific diet _____
   - Modified/special diet _____
   - Indicate causative factor for special diet:

     _____
     _____

3. Status of appetite:
   - Good _____
   - Fair _____
   - Poor _____
   - Indicate possible cause for poor appetite:

4. Dietary Assessment:

a. caloric intake
deficient _____
adequate _____
excessive _____

b. major caloric source
carbohydrates _____
proteins _____
fats _____
balanced _____

c. caloric expenditure
low _____
normal _____
high _____

d. consumption of bulk foods
low _____
average _____
high _____

e. consumption of liquids
low _____
average _____
high _____

Specify type and frequency of liquids consumed in order of greatest to least:

Type	**Frequency**
_____	_____
_____	_____
_____	_____
_____	_____

f. degree of compliance with the food gui8de pyramid:
good _____
average _____
poor _____

g. sodium consumption
low _____
average _____
high _____

h. carbohydrate ingestion
low _____
average _____
high _____

Specify type and frequency of carbohydrates consumed in order of greatest to least.

Type	**Frequency**
_____	_____
_____	_____
_____	_____
_____	_____

i. Estimated # of acid attacks per 24 hour period:

Frequency of tooth brushing: _____
Time of tooth brushing: _____

j. Dietary supplements taken

Yes _____ No _____

If yes indicate type and frequency:

Type	**Frequency**
_____	_____
_____	_____
_____	_____
_____	_____

k. nutritional status:
adequate _____
inadequate _____

if inadequate make recommendations in Section C.

C. **Nutritional Counseling.**

1. General Summary: This is to include an analysis of the patient`s diet history and other pertinent data gathered, as well as, a summary of all the problems or inadequacies noted.

2. Dietary counseling: This is to include a description of the problem selected, a detected plan of action to rectify the problem and a means by which to evaluate the success of the program.

Patient

Date

Before Breakfast
Breakfast
Between Meals
Lunch
Between Meals
Supper
After Supper

Before Breakfast
Breakfast
Between Meals
Lunch
Between Meals
Supper
After Supper

Patient

Date

Before Breakfast
Breakfast
Between Meals
Lunch
Between Meals
Supper
After Supper

Before Breakfast
Breakfast
Between Meals
Lunch
Between Meals
Supper
After Supper

Evaluation of Dietary Adequacy

Food Group	Suggested Daily Servings (SDS)	Serving Size	Servings per Day					Summary	
			Day 1	Day 2	Day 3	Day 4	Day 5	Average	Avg. meets SDS
Breads, Cereal, Rice & Pasta Group	6 to 11	1 slice of bread 1/2 bun, bagel or english muffin 1 oz ready to eat cereal 1/2 cup cooked cereal 1/2 cup pasta or rice							
Vegetable Group	3 to 5	1/2 cooked vegetable 1/2 cup chopped raw vegetable 1 cup of leafy raw vegetable							
Fruit Group	2 to 4	whole piece of fruit 1/2 cup juice 1/4 melon 1/2 grapefruit 1/2 cup cooked or canned fruit 1/4 cup dried fruit							
Milk, Yogurt & Cheese Group	2 to 3 Children, teens and women up to 25 years of age should have 3 to 4 servings per day	1 cup low fat or skim milk 1 cup low fat yogurt 1 1/2 oz. low fat cheese							
Meat, Poultry, Fish, Dried Beans, Eggs and Nuts Group	2 to 3	2-3 oz cooked lean meat, fish or poultry 2 eggs 1 cup cooked dried beans or peas 2 tablespoons peanut butter							
Fats, Oils and Sweets Group	No recommended daily servings. Use sparingly	Spreads, oils, salad dressings, candy, many refined carbohydrates, etc							

Patient ● Date ● Evaluator ●

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Hostos Community College
Dental Hygiene Department

Treatment Plan

Patient Name_____**Evaluation**_____**Date**_____

Proposed **Actual** **Comments**

Treatment Visit #____
__scaling root planning
__full mouth/__arch max/mand
__quad.(UR, UL, LR, LL)
__irrigation
__pt. education
__OHI
__polishing
__phase microscopy
__nutritional counseling
__fluoride treatment
__pit fissure sealant
__other_____

_____
Total # of hours_____

Treatment Visit #_____
__scaling root planning
__full mouth/__arch max/mand
__quad. (UR,UL,LR,LL)
__irrigation
__pt. education
__OHI
__polishing
__phase microscopy
__nutritional counseling
__fluoride treatment
__pit fissure sealant
__other_____

_____
Patient Recall_____
Date_____
I have been informed of an existing periodontal/dental condition and I have been advised to seek further evaluation and treatment.

Patient Signature_____ **Date**_____
Faculty Signature_____ **Date**_____ revised/mc/97

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Eugenio María de **Hostos Community College**
of The City University of New York

500 Grand Concourse Bronx, New York 10451 (718) 518-4444

Students' Clinical Risk Behavior Form

Date: _____

Time: _____

Student: _____

Risk Behavior:

Faculty Signature: _____

Date: _____

Student Signature: _____

Date: _____

Dental Hygiene Department
Hostos Community College
475 Grand Concourse, Bronx, N.Y. 10451
(718) 518-4230

INCIDENT RECORD

Date:_____

Description:_____
_____
_____

Persons involved:_____
_____
_____

Corrective measure taken:_____
_____
_____
_____
_____
_____
_____

Signature of Supervising Faculty:_____
_____

Date:_____

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Dental Hygiene Department
Hostos Community College
475 Grand Concourse, Bronx, N.Y. 10451
(718) 518-4230

Emergency Report Form

Patient Name_____ **Date**_____
Address_____
_____

Patient Age_____

Report of Emergency that occurred:

Faculty Signature_____**Date**_____

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Eugenio María de **Hostos Community College**
of The City University of New York

500 Grand Concourse Bronx, New York 10451 (718) 518-4444

Patient Release Form

Patient Name: _____ **Date:** _____

Home Address: _____ **Business:** _____

_____ _____

Home Phone: _____ **Business:** _____

Physician Name: _____ **Phone:** _____

Physician Address: _____
_____
_____

I _____the above patient agree to have a blood test performed to verify my HIV and/or HBV status, since there was a incident of puncture and the need for this clinical determination is required. The above blood test results will be forwarded to Dr. M. Charles the college physician and kept confidential.

Patient Signed: _____

Date: _____

Witness Signed: _____

Date: _____

Den 5310 Clinic I
Grading Sheet

Student's Name: _____

Patient's Name						
Date Started/Completed						
Adult/Mixed/Pedo						
Supra/Sub/Stain						
Medical/Dental History						
Vital Signs: TPR/BP						
Intra/extraoral Inspection & Occlusion						
	Right	Left	Right	Left	Right	Left
Scale Maxilla 1st check						
2nd check						
3rd check						
	Right	Left	Right	Left	Right	Left
Scale Mandible 1st check						
2nd check						
3rd check						
Lacerate Maxilla						
Lacerate Mandible						
Polish Maxilla 1st check						
2nd check						
3rd check						
Polish Mandible 1st check						
2nd check						
3rd check						
Oral Hygiene Instruction						
PHP Visit 1						
Visit 2						
Visit 3						
Visit 4						

Den 5310 Clinic I

Scaling and Polishing Report

Student:_____

Patient:		Patient:		Patient:		Patient:	
Evaluation:		Evaluation:		Evaluation:		Evaluation:	
Areas Remaining		Areas Remaining		Areas Remaining		Areas Remaining	
Scaling	Polishing	Scaling	Polishing	Scaling	Polishing	Scaling	Polishing
1.							
2.							
3.							
4.							
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29.							
30.							
31.							
32.							
Comments:		Comments:		Comments:		Comments:	

DEN 5312/14 GRADING SHEET

Student's Name: _____

Patient's Name

Date Started/Completed		/	/	/	/
Adult/Mixed/Pedo sup-sub-stain		A - M - P	A - M - P	A - M - P	A - M - P
Health Hx	2/1/0				
Oral Inspection	2/1/0				
Gingival Assessment	2/1/0				
Microscopy	2/1/0				
Perio Probing	2/1/0				
TPR	2/1/0				
BP	2/1/0				
Calculus Detection	2/1/0				
Charting	2/1/0				
Treatment Plan	2/1/0				
Scale Maxilla	1st				
2/1/0.	2nd				
	3rd				
Scale Mandible	1st				
2/1/0.	2nd				
	3rd				
Lacerate Maxilla	2/0				
Lacerate Mandible	2/0				
Polish Maxilla	1st				
2/1/0.	2nd				
	3rd				
Polish Mandible	1st				
2/1/0.	2nd				
	3rd				
Pt. Ed.	2/1/0				
OHI	2/1/0				
Nut Ed.	2/1/0				
Fluoride	2/1/0				
Sealants	2/1/0				

APM/REVISED-97

SCALING REPORT

STUDENT: _____

	Patient:		Patient:		Patient:		Patient:	
	Evaluation:		Evaluation:		Evaluation:		Evaluation:	
	SCALING		SCALING		SCALING		SCALING	
	1ST	2ND	1ST	2ND	1ST	2ND	1ST	2ND
1								
2								
3								
4								
5								
6								
7								
8								
9								
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32								

FACULTY SIGNATURE: _____

COMMENTS:	COMMENTS:	COMMENTS:	COMMENTS:

KUDOS

NAME: _____
DEN 5312/14

Name: _____
DEN 5312

Evaluation of Student's Clinical Skills

Every faculty member in your clinical sessions must write a description of your scaling skills. Faculty member is to date and sign their own evaluation.

	1st	2nd	3rd
Cama			
Cunningham			
Errico			
James			
Page			
Pastoriza			
Seals			
Simmonds			
Rooker			

Den 5312/14 Professional Behavior Log

The following behavior will be graded:

Dress Appearance

A. Uniforms
B. Shoes
C. Undergarments
D. Protective Glasses
E. Name Tag
F. Hair
G. Jewelry
H. Nails
I. Personal Hygiene
    1. Breath
    2. Body Odor
    3. Heavy Perfume

Professional Attitude

A. Rapport with classmates, instructors and patients
B. Attendance

Universal Precautions

A. Unit Preparation/Dismantling of Unit
B. Sharp & Sterilized instruments
C. Cleanliness & Neatness
D. Preparation of Bracket Table
E. Cuspidor & Hoses
F. Disposal of Waste

Students' and Patients' Records

A. Legible
B. Complete
C. Accurate
D. Kept in clinic at all times

Students' Name: _____

Intructors' Observation

Warnings Noted

DAILY CLINIC LOG

DATE:	PATIENT NAME:	COMMENTS:	TIME IN:	TIME OUT:	INSTRUCTOR'S INITIALS:
March 20, 1997	1.				
	2.				
March 25, 1997	1.				
	2.				
March 27, 1997	1.				
	2.				
April 3, 1997	1.				
	2.				
April 8, 1997	1.				
	2.				
April 10, 1997	1.				
	2.				
April 15, 1997	1.				
	2.				
April 17, 1997	1.				
	2.				
April 29, 1997	1.				
	2.				
May 1, 1997	1.				
	2.				
May 6, 1997	1.				
	2.				
May 8, 1997	1.				
	2.				

CLINICAL ASSIGNMENT SHEET

NAME:_____

DATE:_____

OBSERVATION BY:_____

PLEASE STUDY OR PRACTICE THE FOLLOWING:

_____

_____

_____

_____

_____

_____

(After study or practice please return this sheet to the instructor for a check out on the assignment).

ASSIGNMENT COMPLETED TO SATISFACTION: _____
(Instructor Signature)

RESTUDY OR MORE PRACTICE REQUIRED:_____
(Instructor Signature)

Please return completed sheet to clinic coordinator or assignment is considered incomplete.

Eugenio María de **Hostos Community College**
of The City University of New York

500 Grand Concourse Bronx, New York 10451 (718) 518-4444

CONFIRMATION OF DENTAL HYGIENE VISIT

Date

This is to certify that_____was seen in our

Dental Hygiene Clinic on_____.

He/she must return on:_____.

THANK YOU.

Hostos Community College
Dental Hygiene Department
475 Grand Concourse
Bronx, New York 10451
(718) 518-4230

Patient Referral Form

Patient Name: _____ Date: _____

Based upon the oral inspection performed by the dental hygiene student and supervising faculty member, we advise you to seek further dental treatment.

_____ Oral examination & diagnosis from your dentist.

_____ Immediate attention for carious lesions (cavities).

_____ Immediate attention for periodontal (gum) disease.

_____ Other: _____

_____
Dental Hygiene Student

_____
Supervising Instructor

apm/cc/97